

DETAILED ORPHAN LISTING

164692



Site

Database(s)

EDR ID Number
EPA ID Number

**TOWNSHIP OF CINNAMINSON
DEPT OF PUBLIC SAFETY
900 MANOR RD, NJ 08077**

UST

**U000358865
N/A**

UST:

| | | | |
|-------------------------------------|---------------------------------------|------------------|---------------------|
| Facility ID: | 0085179 | Facility Status: | Inactive |
| Install Date: | 1/1/74 0:00:00 | Facility Type: | C. County/Municipal |
| Unique Tank ID: | 1.00 | Owner Tank ID: | E3 |
| Operator: | Not reported | | |
| Operator Address: | Not reported | | |
| Owner: | TOWNSHIP OF CINNAMINSON | | |
| Owner Address: | 900 MANOR RD CINNAMINSON, NJ 08077 | | |
| Tank Capacity: | 3000.00 Gallons | | |
| Tank Contents: | B. UNLEADED GASOLINE | | |
| Tank Construction: | A. BARE STEEL H. OTHER: SPRAYED | | |
| Tank Structure: | A. SINGLE WALL | | |
| Pipe Contents: | A. BARE STEEL H. OTHER: SPRAYED | | |
| Pipe Structure: | A. SINGLE WALL | | |
| Over Fill Products: | Yes | | |
| Spill Containment Around Fill Pipe: | Yes | | |
| Tank Status: | G. Removed | | |
| Date Tank Removed: | Not reported | | |
| Date Tank Abandoned in Place: | Not reported | | |
| Date Tank Taken Out of Service: | Not reported | | |
| Date of Tank Sale or Transfer: | Not reported | | |
| Tank Closure Number: | Not reported | | |
| Tank ISRA Number: | Not reported | | |
| Tank in Wellhead Protection Area: | Not reported | | |
| Is Facility in Compliance Rules: | 0 | | |

**NW CORNER OF NEW RIVER & PUB.RDS
PALMYRA
BURLINGTON, NJ 08065**

UST

**U000366136
N/A**

DETAILED ORPHAN LISTING

| Site | Database(s) | EDR ID Number EPA ID Number |
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NW CORNER OF NEW RIVER & PUB.RDS (Continued)

U000366136

UST:

| | | | |
|-------------------------------------|---|------------------|--------------------------|
| Facility ID: | 0183332 | Facility Status: | Inactive |
| Install Date: | 1/1/72 0:00:00 | Facility Type: | B. COMMERCIAL/INDUSTRIAL |
| Unique Tank ID: | 1.00 | Owner Tank ID: | 0001 |
| Operator: | Not reported | | |
| Operator Address: | Not reported | | |
| Owner: | LEE MAIMON | | |
| Owner Address: | 1930 EAST MARLTON PIKE CHERRY HILL, NJ 08003 | | |
| Tank Capacity: | 6000.00 Gallons | | |
| Tank Contents: | P. OTHER HAZARDOUS SUBSTANCES: EMPTY | | |
| Tank Construction: | A. BARE STEEL | | |
| Tank Structure: | A. SINGLE WALL | | |
| Pipe Contents: | A. BARE STEEL | | |
| Pipe Structure: | A. SINGLE WALL | | |
| Over Fill Products: | No | | |
| Spill Containment Around Fill Pipe: | No | | |
| Tank Status: | G. REMOVED | | |
| Date Tank Removed: | Not reported | | |
| Date Tank Abandoned in Place: | Not reported | | |
| Date Tank Taken Out of Service: | Not reported | | |
| Date of Tank Sale or Transfer: | Not reported | | |
| Tank Closure Number: | Not reported | | |
| Tank ISRA Number: | Not reported | | |
| Tank in Wellhead Protection Area: | Not reported | | |
| Is Facility in Compliance Rules: | 0 | | |

| | | | |
|-------------------------------------|---|------------------|--------------------------|
| Facility ID: | 0183332 | Facility Status: | Inactive |
| Install Date: | 1/1/72 0:00:00 | Facility Type: | B. COMMERCIAL/INDUSTRIAL |
| Unique Tank ID: | 2.00 | Owner Tank ID: | 0002 |
| Operator: | Not reported | | |
| Operator Address: | Not reported | | |
| Owner: | LEE MAIMON | | |
| Owner Address: | 1930 EAST MARLTON PIKE CHERRY HILL, NJ 08003 | | |
| Tank Capacity: | 6000.00 Gallons | | |
| Tank Contents: | P. OTHER HAZARDOUS SUBSTANCES: EMPTY | | |
| Tank Construction: | A. BARE STEEL | | |
| Tank Structure: | A. SINGLE WALL | | |
| Pipe Contents: | A. BARE STEEL | | |
| Pipe Structure: | A. SINGLE WALL | | |
| Over Fill Products: | No | | |
| Spill Containment Around Fill Pipe: | No | | |
| Tank Status: | G. REMOVED | | |
| Date Tank Removed: | Not reported | | |
| Date Tank Abandoned in Place: | Not reported | | |
| Date Tank Taken Out of Service: | Not reported | | |
| Date of Tank Sale or Transfer: | Not reported | | |
| Tank Closure Number: | Not reported | | |
| Tank ISRA Number: | Not reported | | |
| Tank in Wellhead Protection Area: | Not reported | | |
| Is Facility in Compliance Rules: | 0 | | |

DETAILED ORPHAN LISTING

| Site | Database(s) | EDR ID Number EPA ID Number |
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NW CORNER OF NEW RIVER & PUB.RDS (Continued)

U000366136

| | | | |
|-------------------------------------|---|------------------|--------------------------|
| Facility ID: | 0183332 | Facility Status: | Inactive |
| Install Date: | 1/1/72 0:00:00 | Facility Type: | B. COMMERCIAL/INDUSTRIAL |
| Unique Tank ID: | 3.00 | Owner Tank ID: | 0003 |
| Operator: | Not reported | | |
| Operator Address: | Not reported | | |
| Owner: | LEE MAIMON | | |
| Owner Address: | 1930 EAST MARLTON PIKE CHERRY HILL, NJ 08003 | | |
| Tank Capacity: | 8000.00 Gallons | | |
| Tank Contents: | P. OTHER HAZARDOUS SUBSTANCES: EMPTY | | |
| Tank Construction: | A. BARE STEEL | | |
| Tank Structure: | A. SINGLE WALL | | |
| Pipe Contents: | A. BARE STEEL | | |
| Pipe Structure: | A. SINGLE WALL | | |
| Over Fill Products: | No | | |
| Spill Containment Around Fill Pipe: | No | | |
| Tank Status: | G. REMOVED | | |
| Date Tank Removed: | Not reported | | |
| Date Tank Abandoned in Place: | Not reported | | |
| Date Tank Taken Out of Service: | Not reported | | |
| Date of Tank Sale or Transfer: | Not reported | | |
| Tank Closure Number: | Not reported | | |
| Tank ISRA Number: | Not reported | | |
| Tank in Wellhead Protection Area: | Not reported | | |
| Is Facility in Compliance Rules: | 0 | | |

WASHINGTON PARK APTS
27 TH / 30TH ST
CAMDEN, NJ

NJ Release S102190904
NJ Spills N/A

NJ Release:

Facility ID: 1766
Date Received: 02/04/1993
Location: Other
Facility Phone: Not reported
Date of Incident: 02/04/1993
Substance(s): OIL HYDRAULIC
Substance Type: Liquid
A310 Letter: Yes
Hazrds Material: Yes
COMU: 0408
Amnt Released: 2-GAL
Release Type: Terminated
Injuries: No
Public Exposure: Unknown
Police at Scene: No
Contamination of: Land

Caller:

Name: CHRIS BOYLE
Address: 1001 FAIRVIEW ST
CAMDEN, NJ
Telephone: 609-541-2751

Responsible Party:

Name: Known
Contact: CHRIS BOYLE
Address: 1001 FAIRVIEW ST
CAMDEN, NJ

Case Number: 93-2-4-1017-11
Operator: CARM
Nature of Incident: Facility
Facility Type: Residential
Time of Incident: 10:15

Substance Identity: Known
TCPA Chemical: No
CAS Number: Not reported
Ref. Code: 101
Release VE: Estimate
Contained: Yes
Facility Evacuation: No
Public Evacuation: No
Firemen at Scene: No
Receiving Water: NONE

Title: O'CONNOR CORP

Company: O'CONNOR CORP
Title: OPER SUPER

DETAILED ORPHAN LISTING

| Site | Database(s) | EDR ID Number EPA ID Number |
|---|---|--------------------------------|
| WASHINGTON PARK APTS (Continued) | | S102190904 |
| <p>County: CAMDEN</p> <p>NJ Spill:</p> <p>Name: Not reported</p> <p>Telephone: Not reported</p> <p>Date: Not reported</p> <p>Local Municipality:</p> <p>Name: CAMDEN CITY</p> <p>Telephone: 609-757-7400</p> <p>Date: 02/04/1993</p> <p>Other:</p> <p>Name: Not reported</p> <p>Telephone: Not reported</p> <p>Date: Not reported</p> <p>Incident:</p> <p>Name: Not reported</p> <p>Region: BFO-SA</p> <p>Date: 02/04/1993</p> <p>ITM: B</p> <p>Incident Description: Spill</p> <p>Wind Direction/Speed: Not reported</p> <p>Assistance Requested: No</p> <p>Date A310 Letter Printed: Not reported</p> <p>Date Local Authority Was Notified: Not reported</p> <p>Date Update: Not reported</p> <p>Date Report Faxed to Local Authority: Not reported</p> <p>Local Authority Notification Date 1: Not reported</p> <p>Local Authority Notification Date 2: Not reported</p> <p>Local Authority Notification Date 3: Not reported</p> <p>Status at Spill: PRODUCT DISCHARGED FROM RES PARTY VEHICLE ONTO BLACKTOP SURFACE;CLEANUP IN PROGRESS.</p> <p>Comments: Not reported</p> | <p>Telephone: 609-541-2751</p> <p>Title: Not reported</p> <p>Time: Not reported</p> <p>Municipality Title: DISP 752</p> <p>Time: 10:20</p> <p>Title: Not reported</p> <p>Time: Not reported</p> <p>Referred To: DRPSR</p> <p>Telephone: Faxed,Mailed</p> <p>Incident Time: Not reported</p> | |
| <p>NJ Spill:</p> <p>Facility ID: 1766</p> <p>Date Received: 02/04/1993</p> <p>Location: Other</p> <p>Facility Phone: Not reported</p> <p>Date of Incident: 02/04/1993</p> <p>Substance(s): OIL HYDRAULIC</p> <p>Substance Type: Liquid</p> <p>A310 Letter: Yes</p> <p>Hazrds Material: Yes</p> <p>COMU: 0408</p> <p>Amnt Released: 2-GAL</p> <p>Release Type: Terminated</p> <p>Injuries: No</p> <p>Public Exposure: Unknown</p> <p>Police at Scene: No</p> <p>Contamination of: Land</p> <p>Caller:</p> <p>Name: CHRIS BOYLE</p> <p>Address: 1001 FAIRVIEW ST CAMDEN, NJ</p> <p>Phone: 609-541-2751</p> <p>Responsible Party:</p> <p>Name: Known</p> <p>Contact: CHRIS BOYLE</p> | <p>Case Number: 93-2-4-1017-11</p> <p>Operator: CARM</p> <p>Nature of Incident: Facility</p> <p>Facility Type: Residential</p> <p>Time of Incident: 10:15</p> <p>Substance Identity: Known</p> <p>TCPA Chemical: No</p> <p>CAS Number: Not reported</p> <p>Ref. Code: 101</p> <p>Release VE: Estimate</p> <p>Contained: Yes</p> <p>Facility Evacuation: No</p> <p>Public Evacuation: No</p> <p>Firemen at Scene: No</p> <p>Receiving Water: NONE</p> <p>Title: O'CONNOR CORP</p> <p>Company: O'CONNOR CORP</p> <p>Title: OPER SUPER</p> | |

DETAILED ORPHAN LISTING

| Site | Database(s) | EDR ID Number EPA ID Number |
|---------------------------------------|--|--------------------------------|
| WASHINGTON PARK APTS (Continued) | | S102190904 |
| Address: | 1001 FAIRVIEW ST CAMDEN, NJ | |
| County: | CAMDEN | Phone: 609-541-2751 |
| NJ Spill: | | Title: Not reported |
| Name: | Not reported | Time: Not reported |
| Phone: | Not reported | |
| Date: | Not reported | |
| Local Municipality: | | Title: DISP 752 |
| Name: | CAMDEN CITY | Time: 10:20 |
| Phone: | 609-757-7400 | |
| Date: | 02/04/1993 | |
| Other: | | Title: Not reported |
| Name: | Not reported | Time: Not reported |
| Phone: | Not reported | |
| Date: | Not reported | |
| Incident: | | Referred To: DRPSR |
| Name: | Not reported | Telephone: Faxed,Mailed |
| Region: | BFO-SA | Incident Time: Not reported |
| Date: | 02/04/1993 | |
| ITM: | B | |
| Incident Description: | Spill | |
| Wind Direction/Speed: | Not reported | |
| Assistance Requested: | No | |
| Date A310 Letter Printed: | Not reported | |
| Date Local Authority Was Notified: | Not reported | |
| Date Update: | Not reported | |
| Date Report Faxed to Local Authority: | Not reported | |
| Local Authority Notification Date 1: | Not reported | |
| Local Authority Notification Date 2: | Not reported | |
| Local Authority Notification Date 3: | Not reported | |
| Status at Spill: | PRODUCT DISCHARGED FROM RES PARTY VEHICLE ONTO BLACKTOP SURFACE;CLEANUP IN PROGRESS. | |
| Comments: | Not reported | |

ON ROADWAY
RT.676 / NICKLE BLVD
CAMDEN, NJ

NJ Release S102191695
NJ Spills N/A

NJ Release:

Facility ID: 3400
Date Received: 03/08/1993
Location: Other
Facility Phone: Not reported
Date of Incident: 03/08/1993
Substance(s): GASOLINE
Substance Type: Liquid
A310 Letter: No
Hazrds Material: Yes
COMU: 0408
Amnt Released: 2 GALS
Release Type: Terminated
Injuries: No
Public Exposure: No
Police at Scene: Yes
Contamination of: Land
Caller:
Name: LT. MORAN
Address: FOR CAMDEN CITY F.D.

Case Number: 93-3-8-1257-00
Operator: ROGER
Nature of Incident: Municipal
Facility Type: Commercial
Time of Incident: 12:26

Substance Identity: Known
TCPA Chemical: No
CAS Number: Not reported
Ref. Code: 101
Release VE: Estimate
Contained: Yes
Facility Evacuation: No
Public Evacuation: No
Firemen at Scene: Yes
Receiving Water: NONE

Title: CAMDEN CTY COMM

DETAILED ORPHAN LISTING

Site

Database(s)

EDR ID Number

EPA ID Number

ON ROADWAY (Continued)

S102191695

Telephone: 609-757-7500

Responsible Party:

Name: UnKnown

Contact: Not reported

Address: Not reported

County: Not reported

NJ Spill:

Name: Not reported

Telephone: Not reported

Date: Not reported

Local Municipality:

Name: CAMDEN CITY

Telephone: 609-757-7400

Date: 03/08/1993

Other:

Name: Not reported

Telephone: Not reported

Date: Not reported

Incident:

Name: Not reported

Region: BFO-SA

Date: 03/08/1993

ITM: T

Incident Description:

Spill,MVA

Wind Direction/Speed:

Not reported

Assistance Requested:

No

Date A310 Letter Printed:

Not reported

Date Local Authority Was Notified:

Not reported

Date Update:

Not reported

Date Report Faxed to Local Authority:

Not reported

Local Authority Notification Date 1:

Not reported

Local Authority Notification Date 2:

Not reported

Local Authority Notification Date 3:

Not reported

Status at Spill: MVA CAUSE OF SPILL. MATERIAL IS CONTAINED & BEING CLEANED UP.

Comments: Not reported

NJ Spill:

Facility ID: 3400

Date Received: 03/08/1993

Location: Other

Facility Phone: Not reported

Date of Incident: 03/08/1993

Substance(s): GASOLINE

Substance Type: Liquid

A310 Letter: No

Hazrds Material: Yes

COMU: 0408

Amnt Released: 2 GALS

Release Type: Terminated

Injuries: No

Public Exposure: No

Police at Scene: Yes

Contamination of: Land

Caller:

Name: LT. MORAN

Address: FOR CAMDEN CITY F.D.

Phone: 609-757-7500

Case Number: 93-3-8-1257-00

Operator: ROGER

Nature of Incident: Municipal

Facility Type: Commercial

Time of Incident: 12:26

Substance Identity: Known

TCPA Chemical: No

CAS Number: Not reported

Ref. Code: 101

Release VE: Estimate

Contained: Yes

Facility Evacuation: No

Public Evacuation: No

Firemen at Scene: Yes

Receiving Water: NONE

Title: CAMDEN CTY COMM

DETAILED ORPHAN LISTING

| | | |
|-------------|--------------------|--|
| <u>Site</u> | <u>Database(s)</u> | <u>EDR ID Number</u> <u>EPA ID Number</u> |
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ON ROADWAY (Continued)

S102191695

| | | | |
|---------------------------------------|---|----------------|--------------|
| Responsible Party: | | | |
| Name: | UnKnown | Company: | Not reported |
| Contact: | Not reported | Title: | Not reported |
| Address: | Not reported | | |
| County: | Not reported | Phone: | Not reported |
| NJ Spill: | | | |
| Name: | Not reported | Title: | Not reported |
| Phone: | Not reported | Time: | Not reported |
| Date: | Not reported | | |
| Local Municipality: | | | |
| Name: | CAMDEN CITY | Title: | Not reported |
| Phone: | 609-757-7400 | Time: | Not reported |
| Date: | 03/08/1993 | | |
| Other: | | | |
| Name: | Not reported | Title: | Not reported |
| Phone: | Not reported | Time: | Not reported |
| Date: | Not reported | | |
| Incident: | | | |
| Name: | Not reported | Referred To: | DRPSR |
| Region: | BFO-SA | Telephone: | Faxed |
| Date: | 03/08/1993 | Incident Time: | Not reported |
| ITM: | T | | |
| Incident Description: | Spill,MVA | | |
| Wind Direction/Speed: | Not reported | | |
| Assistance Requested: | No | | |
| Date A310 Letter Printed: | Not reported | | |
| Date Local Authority Was Notified: | Not reported | | |
| Date Update: | Not reported | | |
| Date Report Faxed to Local Authority: | Not reported | | |
| Local Authority Notification Date 1: | Not reported | | |
| Local Authority Notification Date 2: | Not reported | | |
| Local Authority Notification Date 3: | Not reported | | |
| Status at Spill: | MVA CAUSE OF SPILL. MATERIAL IS CONTAINED & BEING CLEANED UP. | | |
| Comments: | Not reported | | |

MAFCO WORLD WIDE C
3RD ST / JEFFERSON
CAMDEN, NJ

NJ Release **S102221326**
NJ Spills **N/A**

| | | |
|-------------------|--------------|----------------------|
| NJ Release: | | |
| Facility ID: | 18085 | Case Number: |
| Date Received: | 11/11/1995 | Operator: |
| Location: | Facility | Nature of Incident: |
| Facility Phone: | 609-964-8840 | Facility Type: |
| Date of Incident: | 11/11/1995 | Time of Incident: |
| Substance(s): | OIL FUEL #2 | |
| Substance Type: | Liquid | Substance Identity: |
| A310 Letter: | Yes | TCPA Chemical: |
| Hazrds Material: | Yes | CAS Number: |
| COMU: | 0000 | Ref. Code: |
| Amnt Released: | 2000 GALS. | Release VE: |
| Release Type: | Terminated | Contained: |
| Injuries: | No | Facility Evacuation: |
| Public Exposure: | No | Public Evacuation: |
| Police at Scene: | No | Firemen at Scene: |
| Contamination of: | Land,Water | Receiving Water: |
| Caller: | | |
| Name: | GUY DIETRICH | Title: |

DETAILED ORPHAN LISTING

| Site | Database(s) | EDR ID Number | EPA ID Number |
|---|-------------|---------------|---------------|
| MAFCO WORLD WIDE C (Continued) | | S102221326 | |
| <p>Address: 3RD ST & JEFFERSON CAMDEN, NJ</p> <p>Telephone: 609-964-8840</p> <p>Responsible Party:</p> <p>Name: Known Company: MAFCO WORLD WIDE C</p> <p>Contact: GUY DIETRICH Title: Not reported</p> <p>Address: 3RD ST & JEFFERSON</p> <p>CAMDEN, NJ</p> <p>County: CAMDEN Telephone: 609-964-8840</p> <p>NJ Spill:</p> <p>Name: NJSP-OEM Title: FAXED</p> <p>Telephone: Not reported</p> <p>Date: 11/11/1995 Time: Not reported</p> <p>Local Municipality:</p> <p>Name: ---DRILL--- Municipality Title: N/A</p> <p>Telephone: N/A</p> <p>Date: 11/11/1995 Time: Not reported</p> <p>Other:</p> <p>Name: Not reported Title: Not reported</p> <p>Telephone: Not reported</p> <p>Date: Not reported Time: Not reported</p> <p>Incident:</p> <p>Name: Not reported Referred To: DRPSR</p> <p>Region: ER2 Telephone: Faxed</p> <p>Date: 11/11/1995 Incident Time: Not reported</p> <p>ITM: TM</p> <p>Name: Not reported Referred To: DFG</p> <p>Region: Not reported Telephone: Faxed</p> <p>Date: 11/11/1995 Incident Time: Not reported</p> <p>ITM: T</p> <p>Incident Description: Spill</p> <p>Wind Direction/Speed: Not reported</p> <p>Assistance Requested: No</p> <p>Date A310 Letter Printed: 11/11/1995</p> <p>Date Local Authority Was Notified: Not reported</p> <p>Date Update: Not reported</p> <p>Date Report Faxed to Local Authority: Not reported</p> <p>Local Authority Notification Date 1: Not reported</p> <p>Local Authority Notification Date 2: Not reported</p> <p>Local Authority Notification Date 3: Not reported</p> <p>Status at Spill: DRILL!!!</p> <p>Comments: -----DRILL-----</p> | | | |
| <p>NJ Spill:</p> <p>Facility ID: 18085 Case Number: 95-11-11-0844-45</p> <p>Date Received: 11/11/1995 Operator: JOEG</p> <p>Location: Facility Nature of Incident: Facility</p> <p>Facility Phone: 609-964-8840 Facility Type: Industrial</p> <p>Date of Incident: 11/11/1995 Time of Incident: 08:30</p> <p>Substance(s): OIL FUEL #2</p> <p>Substance Type: Liquid Substance Identity: Known</p> <p>A310 Letter: Yes TCPA Chemical: No</p> <p>Hazrds Material: Yes CAS Number: Not reported</p> <p>COMU: 0000 Ref. Code: 002</p> <p>Amnt Released: 2000 GALS. Release VE: Estimate</p> <p>Release Type: Terminated Contained: Yes</p> | | | |

DETAILED ORPHAN LISTING

| Site | Database(s) | EDR ID Number | EPA ID Number |
|--|--|---------------|---------------|
| MAFCO WORLD WIDE C (Continued) | | S102221326 | |
| <p>Injuries: No</p> <p>Public Exposure: No</p> <p>Police at Scene: No</p> <p>Contamination of: Land, Water</p> <p>Caller:</p> <p>Name: GUY DIETRICH</p> <p>Address: 3RD ST & JEFFERSON</p> <p>CAMDEN, NJ</p> <p>Phone: 609-964-8840</p> <p>Responsible Party:</p> <p>Name: Known</p> <p>Contact: GUY DIETRICH</p> <p>Address: 3RD ST & JEFFERSON</p> <p>CAMDEN, NJ</p> <p>County: CAMDEN</p> <p>NJ Spill:</p> <p>Name: NJSP-OEM</p> <p>Phone: Not reported</p> <p>Date: 11/11/1995</p> <p>Local Municipality:</p> <p>Name: ---DRILL---</p> <p>Phone: N/A</p> <p>Date: 11/11/1995</p> <p>Other:</p> <p>Name: Not reported</p> <p>Phone: Not reported</p> <p>Date: Not reported</p> <p>Incident:</p> <p>Name: Not reported</p> <p>Region: ER2</p> <p>Date: 11/11/1995</p> <p>ITM: TM</p> <p>Name: Not reported</p> <p>Region: Not reported</p> <p>Date: 11/11/1995</p> <p>ITM: T</p> <p>Name: Not reported</p> <p>Region: Not reported</p> <p>Date: Not reported</p> <p>ITM: Not reported</p> <p>Incident Description: Spill</p> <p>Wind Direction/Speed: Not reported</p> <p>Assistance Requested: No</p> <p>Date A310 Letter Printed: 11/11/1995</p> <p>Date Local Authority Was Notified: Not reported</p> <p>Date Update: Not reported</p> <p>Date Report Faxed to Local Authority: Not reported</p> <p>Local Authority Notification Date 1: Not reported</p> <p>Local Authority Notification Date 2: Not reported</p> <p>Local Authority Notification Date 3: Not reported</p> <p>Status at Spill: DRILL!!!</p> <p>Comments: -----DRILL-----</p> <p>-----</p> | <p>Facility Evacuation: No</p> <p>Public Evacuation: No</p> <p>Firemen at Scene: No</p> <p>Receiving Water: DELEWARE RIVER</p> <p>Title: MAFCO WORLD WIDE C</p> <p>Company: MAFCO WORLD WIDE C</p> <p>Title: Not reported</p> <p>Phone: 609-964-8840</p> <p>Title: FAXED</p> <p>Time: Not reported</p> <p>Title: N/A</p> <p>Time: Not reported</p> <p>Title: Not reported</p> <p>Time: Not reported</p> <p>Referred To: DRPSR</p> <p>Telephone: Faxed</p> <p>Incident Time: Not reported</p> <p>Referred To: DFG</p> <p>Telephone: Not reported</p> <p>Incident Time: Not reported</p> <p>Referred To: DFG</p> <p>Telephone: Not reported</p> <p>Incident Time: Not reported</p> | | |

DETAILED ORPHAN LISTING

| Site | Database(s) | EDR ID Number EPA ID Number |
|---|-------------|--------------------------------|
| MORGAN VILLAGE MIDDLE SCHOOL 10TH & MORGAN BLVD & FAIRVIEW ST CAMDEN, NJ 08103 | UST | U002155935 N/A |

UST:

| | | | |
|-------------------------------------|--|------------------|--------------------------|
| Facility ID: | 0238548 | Facility Status: | Inactive |
| Install Date: | 1/1/71 0:00:00 | Facility Type: | B. COMMERCIAL/INDUSTRIAL |
| Unique Tank ID: | 1.00 | Owner Tank ID: | E1 |
| Operator: | Not reported | | |
| Operator Address: | Not reported | | |
| Owner: | CAMDEN BOARD OF EDUCATION | | |
| Owner Address: | 1800 OFFICE BLDG WEST 3RD FLOOR 2100 FERRY AVENUE CAMDEN, NJ 08104 | | |
| Tank Capacity: | 10000.00 Gallons | | |
| Tank Contents: | H. HOME HEATING OIL (NO. 2) | | |
| Tank Construction: | A. BARE STEEL | | |
| Tank Structure: | A. SINGLE WALL | | |
| Pipe Contents: | A. BARE STEEL | | |
| Pipe Structure: | A. SINGLE WALL | | |
| Over Fill Products: | No | | |
| Spill Containment Around Fill Pipe: | No | | |
| Tank Status: | G. REMOVED 11/11/92 C92-2537 | | |
| Date Tank Removed: | Not reported | | |
| Date Tank Abandoned in Place: | Not reported | | |
| Date Tank Taken Out of Service: | Not reported | | |
| Date of Tank Sale or Transfer: | Not reported | | |
| Tank Closure Number: | Not reported | | |
| Tank ISRA Number: | Not reported | | |
| Tank in Wellhead Protection Area: | Not reported | | |
| Is Facility in Compliance Rules: | 0 | | |

**10TH STREET SOUTH EAST & STATE STREET E
10TH SE / STATE ST E
CAMDEN, NJ**

**SHWS S103029723
N/A**

SHWS:

| | | | |
|------------------|--------------|--------------|--------------|
| Facility ID: | NJL800212409 | Case ID: | 960329144557 |
| Case Status: | ACTIVE | Status Date: | 05/22/1996 |
| Contact: | BFO-S | | |
| Facility Status: | OPEN | | |
| CEA/DER: | Not reported | | |

**CHEMICAL TECHNOLOGIES
17TH ST / RIVER RD & STATE ST
CAMDEN, NJ**

**SHWS S103029737
N/A**

SHWS:

| | | | |
|------------------|--------------|--------------|------------|
| Facility ID: | NJL000042952 | Case ID: | 0242255 |
| Case Status: | ACTIVE | Status Date: | 06/24/1994 |
| Contact: | BUST | | |
| Facility Status: | OPEN | | |
| CEA/DER: | Not reported | | |

DETAILED ORPHAN LISTING

| Site | Database(s) | EDR ID Number EPA ID Number | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---------------------------------|--------------------------------|---------------------|-------|--------------|-----------------|----------------|------------|-----------|--------|-----------|-------|---------------------|-------|-----------------|--------------|----------------|-------------|-------------------|------------|-------------------|-------|---------------|-----------------|--|--|-----------------|--------------|---------------------|-------|--------------|-----|----------------|----|------------------|-----|-------------|---------|-------|------|------------|-----|----------------|---------|-------------|--------------|---------------|------------|------------|---------|-----------|----|----------------------|----|------------------|----|--------------------|----|------------------|----|-------------------|----|-------------------|------|------------------|--------------|---------|--|--------|-------------------|-------|-------------|--|--|----------|--------------------------------|--|--|------------|--------------|--|--|--------------------|--|----------|---------------------|-------|-------|--------|------------|----------|---------------|--|--|----------|------------------------------|--|--|---------|--------|------------|--------------|-----------|--|--------|--------------|-------|--------------|-------|--------------|------------|--------------|---------------------|------------|-------|--------------|-------|-------|---------------------|--|--------|--------------|-------|-------------|-------|--------------|------------|--------------|--------------|-------|-------|------------|------------|--------------|--------|--|----------------|--------------|-------|--------------|--|--|------------|--------------|--|--|-------|--------------|--|--|-----------|--|--|--|-------|--------------|--|--|---------|---------|--|--|-------|------------|--|--|------|---|--|--|-----------------------|--------------------|--|--|-----------------------|--------------|--|--|-----------------------|----|--|--|---------------------------|--------------|--|--|------------------------------------|--------------|--|--|--------------|--------------|--|--|---------------------------------------|--------------|--|--|--------------------------------------|--------------|--|--|--------------------------------------|--------------|--|--|
| MCGUIRE GARDENS 20TH ST-RANDOLPH ST CAMDEN, NJ | NJ Release NJ Spills | S102486590 N/A | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>NJ Release:</p> <table border="0"> <tr> <td>Facility ID:</td> <td>14835</td> <td>Case Number:</td> <td>96-9-17-1736-19</td> </tr> <tr> <td>Date Received:</td> <td>09/17/1996</td> <td>Operator:</td> <td>DIANNE</td> </tr> <tr> <td>Location:</td> <td>Other</td> <td>Nature of Incident:</td> <td>Other</td> </tr> <tr> <td>Facility Phone:</td> <td>Not reported</td> <td>Facility Type:</td> <td>Residential</td> </tr> <tr> <td>Date of Incident:</td> <td>09/17/1996</td> <td>Time of Incident:</td> <td>17:00</td> </tr> <tr> <td>Substance(s):</td> <td>LEAD CADMIUM</td> <td></td> <td></td> </tr> <tr> <td>Substance Type:</td> <td>Not reported</td> <td>Substance Identity:</td> <td>Known</td> </tr> <tr> <td>A310 Letter:</td> <td>Yes</td> <td>TCPA Chemical:</td> <td>No</td> </tr> <tr> <td>Hazrds Material:</td> <td>Yes</td> <td>CAS Number:</td> <td>7440439</td> </tr> <tr> <td>COMU:</td> <td>0408</td> <td>Ref. Code:</td> <td>101</td> </tr> <tr> <td>Amnt Released:</td> <td>UNKNOWN</td> <td>Release VE:</td> <td>Not reported</td> </tr> <tr> <td>Release Type:</td> <td>Terminated</td> <td>Contained:</td> <td>Unknown</td> </tr> <tr> <td>Injuries:</td> <td>No</td> <td>Facility Evacuation:</td> <td>No</td> </tr> <tr> <td>Public Exposure:</td> <td>No</td> <td>Public Evacuation:</td> <td>No</td> </tr> <tr> <td>Police at Scene:</td> <td>No</td> <td>Firemen at Scene:</td> <td>No</td> </tr> <tr> <td>Contamination of:</td> <td>Land</td> <td>Receiving Water:</td> <td>Not reported</td> </tr> <tr> <td>Caller:</td> <td></td> <td>Title:</td> <td>GA ENV S SERVICES</td> </tr> <tr> <td>Name:</td> <td>JOHN DUGGAN</td> <td></td> <td></td> </tr> <tr> <td>Address:</td> <td>23 SO WARREN ST TRENTON, NJ</td> <td></td> <td></td> </tr> <tr> <td>Telephone:</td> <td>609-393-4089</td> <td></td> <td></td> </tr> <tr> <td>Responsible Party:</td> <td></td> <td>Company:</td> <td>CAMDEN HOUSING AUTH</td> </tr> <tr> <td>Name:</td> <td>Known</td> <td>Title:</td> <td>PROG ADMIN</td> </tr> <tr> <td>Contact:</td> <td>HARRY JACKSON</td> <td></td> <td></td> </tr> <tr> <td>Address:</td> <td>519 FEDERAL ST CAMDEN, NJ</td> <td></td> <td></td> </tr> <tr> <td>County:</td> <td>CAMDEN</td> <td>Telephone:</td> <td>609-968-6107</td> </tr> <tr> <td>NJ Spill:</td> <td></td> <td>Title:</td> <td>Not reported</td> </tr> <tr> <td>Name:</td> <td>Not reported</td> <td>Time:</td> <td>Not reported</td> </tr> <tr> <td>Telephone:</td> <td>Not reported</td> <td>Municipality Title:</td> <td>OFC. PENNA</td> </tr> <tr> <td>Date:</td> <td>Not reported</td> <td>Time:</td> <td>17:43</td> </tr> <tr> <td>Local Municipality:</td> <td></td> <td>Title:</td> <td>Not reported</td> </tr> <tr> <td>Name:</td> <td>CAMDEN CITY</td> <td>Time:</td> <td>Not reported</td> </tr> <tr> <td>Telephone:</td> <td>609-757-7400</td> <td>Referred To:</td> <td>DRPSR</td> </tr> <tr> <td>Date:</td> <td>09/17/1996</td> <td>Telephone:</td> <td>Not reported</td> </tr> <tr> <td>Other:</td> <td></td> <td>Incident Time:</td> <td>Not reported</td> </tr> <tr> <td>Name:</td> <td>Not reported</td> <td></td> <td></td> </tr> <tr> <td>Telephone:</td> <td>Not reported</td> <td></td> <td></td> </tr> <tr> <td>Date:</td> <td>Not reported</td> <td></td> <td></td> </tr> <tr> <td>Incident:</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Name:</td> <td>Not reported</td> <td></td> <td></td> </tr> <tr> <td>Region:</td> <td>BFO-CAS</td> <td></td> <td></td> </tr> <tr> <td>Date:</td> <td>09/17/1996</td> <td></td> <td></td> </tr> <tr> <td>ITM:</td> <td>B</td> <td></td> <td></td> </tr> <tr> <td>Incident Description:</td> <td>Soil Contamination</td> <td></td> <td></td> </tr> <tr> <td>Wind Direction/Speed:</td> <td>Not reported</td> <td></td> <td></td> </tr> <tr> <td>Assistance Requested:</td> <td>No</td> <td></td> <td></td> </tr> <tr> <td>Date A310 Letter Printed:</td> <td>Not reported</td> <td></td> <td></td> </tr> <tr> <td>Date Local Authority Was Notified:</td> <td>Not reported</td> <td></td> <td></td> </tr> <tr> <td>Date Update:</td> <td>Not reported</td> <td></td> <td></td> </tr> <tr> <td>Date Report Faxed to Local Authority:</td> <td>Not reported</td> <td></td> <td></td> </tr> <tr> <td>Local Authority Notification Date 1:</td> <td>Not reported</td> <td></td> <td></td> </tr> <tr> <td>Local Authority Notification Date 2:</td> <td>Not reported</td> <td></td> <td></td> </tr> </table> | | | Facility ID: | 14835 | Case Number: | 96-9-17-1736-19 | Date Received: | 09/17/1996 | Operator: | DIANNE | Location: | Other | Nature of Incident: | Other | Facility Phone: | Not reported | Facility Type: | Residential | Date of Incident: | 09/17/1996 | Time of Incident: | 17:00 | Substance(s): | LEAD CADMIUM | | | Substance Type: | Not reported | Substance Identity: | Known | A310 Letter: | Yes | TCPA Chemical: | No | Hazrds Material: | Yes | CAS Number: | 7440439 | COMU: | 0408 | Ref. Code: | 101 | Amnt Released: | UNKNOWN | Release VE: | Not reported | Release Type: | Terminated | Contained: | Unknown | Injuries: | No | Facility Evacuation: | No | Public Exposure: | No | Public Evacuation: | No | Police at Scene: | No | Firemen at Scene: | No | Contamination of: | Land | Receiving Water: | Not reported | Caller: | | Title: | GA ENV S SERVICES | Name: | JOHN DUGGAN | | | Address: | 23 SO WARREN ST TRENTON, NJ | | | Telephone: | 609-393-4089 | | | Responsible Party: | | Company: | CAMDEN HOUSING AUTH | Name: | Known | Title: | PROG ADMIN | Contact: | HARRY JACKSON | | | Address: | 519 FEDERAL ST CAMDEN, NJ | | | County: | CAMDEN | Telephone: | 609-968-6107 | NJ Spill: | | Title: | Not reported | Name: | Not reported | Time: | Not reported | Telephone: | Not reported | Municipality Title: | OFC. PENNA | Date: | Not reported | Time: | 17:43 | Local Municipality: | | Title: | Not reported | Name: | CAMDEN CITY | Time: | Not reported | Telephone: | 609-757-7400 | Referred To: | DRPSR | Date: | 09/17/1996 | Telephone: | Not reported | Other: | | Incident Time: | Not reported | Name: | Not reported | | | Telephone: | Not reported | | | Date: | Not reported | | | Incident: | | | | Name: | Not reported | | | Region: | BFO-CAS | | | Date: | 09/17/1996 | | | ITM: | B | | | Incident Description: | Soil Contamination | | | Wind Direction/Speed: | Not reported | | | Assistance Requested: | No | | | Date A310 Letter Printed: | Not reported | | | Date Local Authority Was Notified: | Not reported | | | Date Update: | Not reported | | | Date Report Faxed to Local Authority: | Not reported | | | Local Authority Notification Date 1: | Not reported | | | Local Authority Notification Date 2: | Not reported | | |
| Facility ID: | 14835 | Case Number: | 96-9-17-1736-19 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date Received: | 09/17/1996 | Operator: | DIANNE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Location: | Other | Nature of Incident: | Other | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Facility Phone: | Not reported | Facility Type: | Residential | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date of Incident: | 09/17/1996 | Time of Incident: | 17:00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Substance(s): | LEAD CADMIUM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Substance Type: | Not reported | Substance Identity: | Known | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| A310 Letter: | Yes | TCPA Chemical: | No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Hazrds Material: | Yes | CAS Number: | 7440439 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COMU: | 0408 | Ref. Code: | 101 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Amnt Released: | UNKNOWN | Release VE: | Not reported | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Release Type: | Terminated | Contained: | Unknown | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Injuries: | No | Facility Evacuation: | No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Public Exposure: | No | Public Evacuation: | No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Police at Scene: | No | Firemen at Scene: | No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Contamination of: | Land | Receiving Water: | Not reported | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Caller: | | Title: | GA ENV S SERVICES | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name: | JOHN DUGGAN | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Address: | 23 SO WARREN ST TRENTON, NJ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Telephone: | 609-393-4089 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Responsible Party: | | Company: | CAMDEN HOUSING AUTH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name: | Known | Title: | PROG ADMIN | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Contact: | HARRY JACKSON | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Address: | 519 FEDERAL ST CAMDEN, NJ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| County: | CAMDEN | Telephone: | 609-968-6107 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NJ Spill: | | Title: | Not reported | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name: | Not reported | Time: | Not reported | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Telephone: | Not reported | Municipality Title: | OFC. PENNA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date: | Not reported | Time: | 17:43 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Local Municipality: | | Title: | Not reported | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name: | CAMDEN CITY | Time: | Not reported | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Telephone: | 609-757-7400 | Referred To: | DRPSR | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date: | 09/17/1996 | Telephone: | Not reported | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other: | | Incident Time: | Not reported | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name: | Not reported | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Telephone: | Not reported | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date: | Not reported | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Incident: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name: | Not reported | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Region: | BFO-CAS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date: | 09/17/1996 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ITM: | B | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Incident Description: | Soil Contamination | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Wind Direction/Speed: | Not reported | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Assistance Requested: | No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date A310 Letter Printed: | Not reported | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date Local Authority Was Notified: | Not reported | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date Update: | Not reported | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date Report Faxed to Local Authority: | Not reported | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Local Authority Notification Date 1: | Not reported | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Local Authority Notification Date 2: | Not reported | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

DETAILED ORPHAN LISTING

| Site | Database(s) | EDR ID Number EPA ID Number |
|---|--------------------------------|--------------------------------|
| MCGUIRE GARDENS (Continued) | | S102486590 |
| Local Authority Notification Date 3: Not reported | | |
| Status at Spill: TESTS TAKEN, RESULTS SHOW SOIL CONTAMINATED WITH ABOVE PRODUCTS. CLEAN UP WILL BE UNDER THE DIRECTION OF CAMDEN HOUSING AUTHORITY. | | |
| Comments: CHART H | | |
| NJ Spill: | | |
| Facility ID: | 14835 | Case Number: 96-9-17-1736-19 |
| Date Received: | 09/17/1996 | Operator: DIANNE |
| Location: | Other | Nature of Incident: Other |
| Facility Phone: | Not reported | Facility Type: Residential |
| Date of Incident: | 09/17/1996 | Time of Incident: 17:00 |
| Substance(s): | LEAD | |
| | CADMIUM | |
| Substance Type: | Not reported | Substance Identity: Known |
| A310 Letter: | Yes | TCPA Chemical: No |
| Hazrds Material: | Yes | CAS Number: 7440439 |
| COMU: | 0408 | Ref. Code: 101 |
| Amnt Released: | UNKNOWN | Release VE: Not reported |
| Release Type: | Terminated | Contained: Unknown |
| Injuries: | No | Facility Evacuation: No |
| Public Exposure: | No | Public Evacuation: No |
| Police at Scene: | No | Firemen at Scene: No |
| Contamination of: | Land | Receiving Water: Not reported |
| Caller: | | |
| Name: | JOHN DUGGAN | Title: GA ENV SERVICES |
| Address: | 23 SO WARREN ST TRENTON, NJ | |
| Phone: | 609-393-4089 | |
| Responsible Party: | | |
| Name: | Known | Company: CAMDEN HOUSING AUTH |
| Contact: | HARRY JACKSON | Title: PROG ADMIN |
| Address: | 519 FEDERAL ST CAMDEN, NJ | |
| County: | CAMDEN | Phone: 609-968-6107 |
| NJ Spill: | | |
| Name: | Not reported | Title: Not reported |
| Phone: | Not reported | |
| Date: | Not reported | Time: Not reported |
| Local Municipality: | | |
| Name: | Not reported | Title: Not reported |
| Phone: | Not reported | |
| Date: | Not reported | Time: 17:43 |
| Other: | | |
| Name: | Not reported | Title: Not reported |
| Phone: | Not reported | |
| Date: | Not reported | Time: Not reported |
| Incident: | | |
| Name: | Not reported | Referred To: Not reported |
| Region: | Not reported | Telephone: Not reported |
| Date: | Not reported | Incident Time: Not reported |
| ITM: | Not reported | |
| Incident Description: | Soil Contamination | |
| Wind Direction/Speed: | Not reported | |
| Assistance Requested: | No | |
| Date A310 Letter Printed: | Not reported | |
| Date Local Authority Was Notified: | Not reported | |
| Date Update: | Not reported | |

DETAILED ORPHAN LISTING

| Site | Database(s) | EDR ID Number EPA ID Number |
|---|-------------------------|--------------------------------|
| <hr/> | | |
| MCGUIRE GARDENS (Continued) | | S102486590 |
| Date Report Faxed to Local Authority: Not reported Local Authority Notification Date 1: Not reported Local Authority Notification Date 2: Not reported Local Authority Notification Date 3: Not reported Status at Spill: TESTS TAKEN, RESULTS SHOW SOIL CONTAMINATED WITH ABOVE PRODUCTS. CLEAN UP WILL BE UNDER THE DIRECTION OF CAMDEN HOUSING AUTHORITY. Comments: CHART H | | |
| <hr/> | | |
| N/S OF & 2 POLES E OF HARRISON NORTH 20TH ST CAMDEN, NJ | NJ Release NJ Spills | S102201620 N/A |
| NJ Release: Facility ID: 1759 Date Received: 02/02/1994 Location: Other Facility Phone: Not reported Date of Incident: 02/02/1994 Substance(s): OIL TRANSFORMER NON-PCB Substance Type: Liquid A310 Letter: Yes Hazrds Material: Yes COMU: 0408 Amnt Released: 1 GAL Release Type: Terminated Injuries: No Public Exposure: No Police at Scene: No Contamination of: Land Caller: Name: WALT CHRZANOWSKI Address: 300 NEW ALBANY RD MOORESTOWN, NJ Telephone: 609-778-6853 Responsible Party: Name: Known Contact: GEORGE BOWLEY Address: 300 NEW ALBANY RD MOORESTOWN, NJ County: BURLINGTON NJ Spill: Name: Not reported Telephone: Not reported Date: Not reported Local Municipality: Name: CAMDEN CITY Telephone: 609-757-7400 Date: 02/02/1994 Other: Name: Not reported Telephone: Not reported Date: Not reported Incident: Name: Not reported Region: BFO-CAS Date: 02/02/1994 ITM: B Incident Description: Spill | | |
| Case Number: 94-2-2-1402-06 Operator: RICH Nature of Incident: Other Facility Type: Residential Time of Incident: 13:00 Substance Identity: Known TCPA Chemical: No CAS Number: Not reported Ref. Code: 101 Release VE: Estimate Contained: Yes Facility Evacuation: No Public Evacuation: No Firemen at Scene: No Receiving Water: Not reported Title: PSE&G Company: PSE&G Title: ENVIR COORD Telephone: 609-778-6853 Title: Not reported Time: Not reported Municipality Title: DISP ALLEN Time: 14:06 Title: Not reported Time: Not reported Referred To: DRPSR Telephone: Faxed, Mailed Incident Time: Not reported | | |

DETAILED ORPHAN LISTING

| | | |
|-------------|--------------------|--|
| Site | Database(s) | EDR ID Number EPA ID Number |
|-------------|--------------------|--|

N/S OF & 2 POLES E OF HARRISON (Continued)

S102201620

Wind Direction/Speed: Not reported
 Assistance Requested: No
 Date A310 Letter Printed: Not reported
 Date Local Authority Was Notified: Not reported
 Date Update: Not reported
 Date Report Faxed to Local Authority: Not reported
 Local Authority Notification Date 1: Not reported
 Local Authority Notification Date 2: Not reported
 Local Authority Notification Date 3: Not reported
 Status at Spill: TRANSFORMER FAILED AND OIL FELL ON GROUND AT BASE OF POLE, CONTAINED AND CLEANED UP BY PSE&G
 Comments: Not reported

NJ Spill:

Facility ID: 1759
 Date Received: 02/02/1994
 Location: Other
 Facility Phone: Not reported
 Date of Incident: 02/02/1994
 Substance(s): OIL TRANSFORMER NON-PCB
 Substance Type: Liquid
 A310 Letter: Yes
 Hazrds Material: Yes
 COMU: 0408
 Amnt Released: 1 GAL
 Release Type: Terminated
 Injuries: No
 Public Exposure: No
 Police at Scene: No
 Contamination of: Land
 Caller:
 Name: WALT CHRZANOWSKI
 Address: 300 NEW ALBANY RD
 MOORESTOWN, NJ
 Phone: 609-778-6853

Case Number: 94-2-2-1402-06
 Operator: RICH
 Nature of Incident: Other
 Facility Type: Residential
 Time of Incident: 13:00
 Substance Identity: Known
 TCPA Chemical: No
 CAS Number: Not reported
 Ref. Code: 101
 Release VE: Estimate
 Contained: Yes
 Facility Evacuation: No
 Public Evacuation: No
 Firemen at Scene: No
 Receiving Water: Not reported
 Title: PSE&G

Responsible Party:

Name: Known
 Contact: GEORGE BOWLEY
 Address: 300 NEW ALBANY RD
 MOORESTOWN, NJ
 County: BURLINGTON

Company: PSE&G
 Title: ENVIR COORD
 Phone: 609-778-6853

NJ Spill:

Name: Not reported
 Phone: Not reported
 Date: Not reported

Title: Not reported
 Time: Not reported

Local Municipality:

Name: CAMDEN CITY
 Phone: 609-757-7400
 Date: 02/02/1994

Title: DISP ALLEN
 Time: 14:06

Other:

Name: Not reported
 Phone: Not reported
 Date: Not reported

Title: Not reported
 Time: Not reported

Incident:

Name: Not reported
 Region: BFO-CAS
 Date: 02/02/1994

Referred To: DRPSR
 Telephone: Faxed, Mailed
 Incident Time: Not reported

DETAILED ORPHAN LISTING

| Site | Database(s) | EDR ID Number EPA ID Number |
|--|-------------|--------------------------------|
| N/S OF & 2 POLES E OF HARRISON (Continued) | | S102201620 |
| <p>ITM: B</p> <p>Incident Description: Spill</p> <p>Wind Direction/Speed: Not reported</p> <p>Assistance Requested: No</p> <p>Date A310 Letter Printed: Not reported</p> <p>Date Local Authority Was Notified: Not reported</p> <p>Date Update: Not reported</p> <p>Date Report Faxed to Local Authority: Not reported</p> <p>Local Authority Notification Date 1: Not reported</p> <p>Local Authority Notification Date 2: Not reported</p> <p>Local Authority Notification Date 3: Not reported</p> <p>Status at Spill: TRANSFORMER FAILED AND OIL FELL ON GROUND AT BASE OF POLE, CONTAINED AND CLEANED UP BY PSE&G</p> <p>Comments: Not reported</p> | | |

INTERNATIONAL CUSTOMER CORPORATION
222 TO 230 LIBERTY ST
CAMDEN, NJ

SHWS

S103029745
N/A

SHWS:

Facility ID: NJL800071870
Case Status: ACTIVE
Contact: BFO-S
Facility Status: OPEN
CEA/DER: Not reported

Case ID: 9107221651
Status Date: 02/13/1996

VACANT LOT AT
25TH AVE-PIERCE AVE
CAMDEN, NJ

NJ Release
NJ Spills

S102210352
N/A

NJ Release:

Facility ID: 19609
Date Received: 11/02/1994
Location: Other
Facility Phone: Not reported
Date of Incident: 11/02/1994
Substance(s): OIL HEATING
Substance Type: Liquid
A310 Letter: No
Hazrds Material: Yes
COMU: 0408
Amnt Released: UNKNOWN
Release Type: Terminated
Injuries: No
Public Exposure: No
Police at Scene: No
Contamination of: Land
Caller:

Name: CYRUS SAXON
Address: CAMDEN, NJ
Telephone: 609-757-7090

Responsible Party:

Name: Known
Contact: CYRUS SAXON
Address: 6TH-MARKET ST
CAMDEN, NJ
County: CAMDEN
NJ Spill:

Case Number: 94-11-2-1606-23
Operator: DIANNE
Nature of Incident: Municipal
Facility Type: Residential
Time of Incident: 14:50

Substance Identity: Known
TCPA Chemical: No
CAS Number: Not reported
Ref. Code: 101
Release VE: Not reported
Contained: Yes
Facility Evacuation: No
Public Evacuation: No
Firemen at Scene: No
Receiving Water: Not reported

Title: CAMDEN OEM

Company: CITY OF CAMDEN
Title: EMER MNGT CO

Telephone: 609-757-7090

DETAILED ORPHAN LISTING

| Site | Database(s) | EDR ID Number EPA ID Number |
|------|-------------|--------------------------------|
|------|-------------|--------------------------------|

VACANT LOT AT (Continued)

S102210352

| | | | |
|---------------------------------------|--|---------------------|--------------|
| Name: | Not reported | Title: | Not reported |
| Telephone: | Not reported | | |
| Date: | Not reported | Time: | Not reported |
| Local Municipality: | | | |
| Name: | Not reported | Municipality Title: | Not reported |
| Telephone: | Not reported | | |
| Date: | Not reported | Time: | Not reported |
| Other: | | | |
| Name: | Not reported | Title: | Not reported |
| Telephone: | Not reported | | |
| Date: | Not reported | Time: | Not reported |
| Incident: | | | |
| Name: | Not reported | Referred To: | DRPSR |
| Region: | BFO-CAS | Telephone: | Faxed,Mailed |
| Date: | 11/02/1994 | Incident Time: | Not reported |
| ITM: | B | | |
| Incident Description: | U.S.T. | | |
| Wind Direction/Speed: | Not reported | | |
| Assistance Requested: | No | | |
| Date A310 Letter Printed: | Not reported | | |
| Date Local Authority Was Notified: | Not reported | | |
| Date Update: | Not reported | | |
| Date Report Faxed to Local Authority: | Not reported | | |
| Local Authority Notification Date 1: | Not reported | | |
| Local Authority Notification Date 2: | Not reported | | |
| Local Authority Notification Date 3: | Not reported | | |
| Status at Spill: | 1-250 GAL UST HIT WHILE TEARING DOWN BLDG, CAUSING SOIL CONTAMINATION. CLEAN UP WILL BE DONE BY CITY OF CAMDEN. | | |
| Comments: | Not reported | | |

NJ Spill:

| | | | |
|--------------------|-----------------------------|----------------------|-----------------|
| Facility ID: | 19609 | Case Number: | 94-11-2-1606-23 |
| Date Received: | 11/02/1994 | Operator: | DIANNE |
| Location: | Other | Nature of Incident: | Municipal |
| Facility Phone: | Not reported | Facility Type: | Residential |
| Date of Incident: | 11/02/1994 | Time of Incident: | 14:50 |
| Substance(s): | OIL HEATING | | |
| Substance Type: | Liquid | Substance Identity: | Known |
| A310 Letter: | No | TCPA Chemical: | No |
| Hazrds Material: | Yes | CAS Number: | Not reported |
| COMU: | 0408 | Ref. Code: | 101 |
| Amnt Released: | UNKNOWN | Release VE: | Not reported |
| Release Type: | Terminated | Contained: | Yes |
| Injuries: | No | Facility Evacuation: | No |
| Public Exposure: | No | Public Evacuation: | No |
| Police at Scene: | No | Firemen at Scene: | No |
| Contamination of: | Land | Receiving Water: | Not reported |
| Caller: | | | |
| Name: | CYRUS SAXON | Title: | CAMDEN OEM |
| Address: | CAMDEN, NJ | | |
| Phone: | 609-757-7090 | | |
| Responsible Party: | | | |
| Name: | Known | Company: | CITY OF CAMDEN |
| Contact: | CYRUS SAXON | Title: | EMER MNGT CO |
| Address: | 6TH-MARKET ST CAMDEN, NJ | | |
| County: | CAMDEN | Phone: | 609-757-7090 |

DETAILED ORPHAN LISTING

| Site | Database(s) | EDR ID Number | EPA ID Number |
|---|-----------------------------|---------------|---------------|
| VACANT LOT AT (Continued) | | S102210352 | |
| NJ Spill: | | | |
| Name: Not reported | Title: Not reported | | |
| Phone: Not reported | | | |
| Date: Not reported | Time: Not reported | | |
| Local Municipality: | | | |
| Name: Not reported | Title: Not reported | | |
| Phone: Not reported | | | |
| Date: Not reported | Time: Not reported | | |
| Other: | | | |
| Name: Not reported | Title: Not reported | | |
| Phone: Not reported | | | |
| Date: Not reported | Time: Not reported | | |
| Incident: | | | |
| Name: Not reported | Referred To: DRPSR | | |
| Region: BFO-CAS | Telephone: Faxed,Mailed | | |
| Date: 11/02/1994 | Incident Time: Not reported | | |
| ITM: B | | | |
| Incident Description: U.S.T. | | | |
| Wind Direction/Speed: Not reported | | | |
| Assistance Requested: No | | | |
| Date A310 Letter Printed: Not reported | | | |
| Date Local Authority Was Notified: Not reported | | | |
| Date Update: Not reported | | | |
| Date Report Faxed to Local Authority: Not reported | | | |
| Local Authority Notification Date 1: Not reported | | | |
| Local Authority Notification Date 2: Not reported | | | |
| Local Authority Notification Date 3: Not reported | | | |
| Status at Spill: 1-250 GAL UST HIT WHILE TEARING DOWN BLDG, CAUSING SOIL CONTAMINATION. | | | |
| | | | |
| | | | |
| Comments: Not reported | | | |

PAVONIA RAIL YARD 27TH ST CAMDEN, NJ

NJ Release S102205470
NJ Spills N/A

NJ Release:

Facility ID: 9619
Date Received: 06/03/1994
Location: Facility
Facility Phone: Not reported
Date of Incident: 06/03/1994
Substance(s): HYDROGEN PEROXIDE
Substance Type: Liquid
A310 Letter: Yes
Hazrds Material: Yes
COMU: 0408
Amnt Released: UNK
Release Type: Continuous
Injuries: No
Public Exposure: No
Police at Scene: No
Contamination of: Land
Caller:
Name: MR. GLOEDE
Address: 1000 HOWARD BLVD
MOUNT LAUREL, NJ
Telephone: 609-231-2393
Responsible Party:

Case Number: 94-6-3-1854-17
Operator: JIMH
Nature of Incident: Facility
Facility Type: Industrial
Time of Incident: 18:00
Substance Identity: Known
TCPA Chemical: No
CAS Number: 7722841
Ref. Code: 002
Release VE: Not reported
Contained: No
Facility Evacuation: No
Public Evacuation: No
Firemen at Scene: Yes
Receiving Water: Not reported
Title: CONRAIL

DETAILED ORPHAN LISTING

| Site | Database(s) | | EDR ID Number EPA ID Number |
|---|---|----------------|--------------------------------|
| PAVONIA RAIL YARD (Continued) | | | S102205470 |
| Name: Known | Company: | CONRAIL | |
| Contact: MR. GLOEDE | Title: | SUPER | |
| Address: 27TH ST CAMDEN, NJ | | | |
| County: CAMDEN | Telephone: | Not reported | |
| NJ Spill: | | | |
| Name: Not reported | Title: | Not reported | |
| Telephone: Not reported | | | |
| Date: Not reported | Time: | Not reported | |
| Local Municipality: | | | |
| Name: CAMDEN CITY | Municipality Title: | HOOGERWERFF | |
| Telephone: 609-757-7400 | | | |
| Date: 06/03/1994 | Time: | 19:06 | |
| Other: | | | |
| Name: Not reported | Title: | Not reported | |
| Telephone: Not reported | | | |
| Date: Not reported | Time: | Not reported | |
| Incident: | | | |
| Name: B.WINTERBURN | Referred To: | DRPSR | |
| Region: ER2 | Telephone: | Paged,Faxed | |
| Date: 06/03/1994 | Incident Time: | 19:04 | |
| ITM: B | | | |
| Incident Description: | Spill | | |
| Wind Direction/Speed: | Not reported | | |
| Assistance Requested: | No | | |
| Date A310 Letter Printed: | 06/03/1994 | | |
| Date Local Authority Was Notified: | Not reported | | |
| Date Update: | Not reported | | |
| Date Report Faxed to Local Authority: | 06/03/1994 | | |
| Local Authority Notification Date 1: | Not reported | | |
| Local Authority Notification Date 2: | Not reported | | |
| Local Authority Notification Date 3: | Not reported | | |
| Status at Spill: | LEAK FROM RAIL CAR TO GROUND. CONTRACTOR IS ENROUTE | | |
| Comments: | Not reported | | |
| NJ Spill: | | | |
| Facility ID: 9619 | Case Number: | 94-6-3-1854-17 | |
| Date Received: 06/03/1994 | Operator: | JIMH | |
| Location: Facility | Nature of Incident: | Facility | |
| Facility Phone: Not reported | Facility Type: | Industrial | |
| Date of Incident: 06/03/1994 | Time of Incident: | 18:00 | |
| Substance(s): HYDROGEN PEROXIDE | | | |
| Substance Type: Liquid | Substance Identity: | Known | |
| A310 Letter: Yes | TCPA Chemical: | No | |
| Hazrds Material: Yes | CAS Number: | 7722841 | |
| COMU: 0408 | Ref. Code: | 002 | |
| Amnt Released: UNK | Release VE: | Not reported | |
| Release Type: Continuous | Contained: | No | |
| Injuries: No | Facility Evacuation: | No | |
| Public Exposure: No | Public Evacuation: | No | |
| Police at Scene: No | Firemen at Scene: | Yes | |
| Contamination of: Land | Receiving Water: | Not reported | |
| Caller: | | | |
| Name: MR. GLOEDE | Title: | CONRAIL | |
| Address: 1000 HOWARD BLVD MOUNT LAUREL, NJ | | | |
| Phone: 609-231-2393 | | | |

DETAILED ORPHAN LISTING

| Site | Database(s) | EDR ID Number EPA ID Number | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|--------------------------------|--------------|-------|----------|---------|----------|------------|--------|-------|----------|-----------------------|--|--|---------|--------|--------|--------------|-----------|--|--------|--------------|-------|--------------|--|--|--------|--------------|-------|--------------|-------|--------------|--|--|---------------------|--|--------|-------------|-------|-------------|-------|-------|--------|--------------|--|--|-------|------------|--------|--------------|--------|--|-------|--------------|-------|--------------|--|--|--------|--------------|--|--|-------|--------------|--|--|-----------|--|--------------|-------|-------|--------------|------------|-------------|---------|-----|----------------|-------|-------|------------|--|--|------|---|--|--|-----------------------|-------|--|--|-----------------------|--------------|--|--|-----------------------|----|--|--|---------------------------|------------|--|--|------------------------------------|--------------|--|--|--------------|--------------|--|--|---------------------------------------|------------|--|--|--------------------------------------|--------------|--|--|--------------------------------------|--------------|--|--|--------------------------------------|--------------|--|--|------------------|---|--|--|-----------|--------------|--|--|
| PAVONIA RAIL YARD (Continued) | | S102205470 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>Responsible Party:</p> <table border="0"> <tr> <td>Name:</td> <td>Known</td> <td>Company:</td> <td>CONRAIL</td> </tr> <tr> <td>Contact:</td> <td>MR. GLOEDE</td> <td>Title:</td> <td>SUPER</td> </tr> <tr> <td>Address:</td> <td>27TH ST CAMDEN, NJ</td> <td></td> <td></td> </tr> <tr> <td>County:</td> <td>CAMDEN</td> <td>Phone:</td> <td>Not reported</td> </tr> <tr> <td>NJ Spill:</td> <td></td> <td>Title:</td> <td>Not reported</td> </tr> <tr> <td>Name:</td> <td>Not reported</td> <td></td> <td></td> </tr> <tr> <td>Phone:</td> <td>Not reported</td> <td>Time:</td> <td>Not reported</td> </tr> <tr> <td>Date:</td> <td>Not reported</td> <td></td> <td></td> </tr> <tr> <td>Local Municipality:</td> <td></td> <td>Title:</td> <td>HOOGERWERFF</td> </tr> <tr> <td>Name:</td> <td>CAMDEN CITY</td> <td>Time:</td> <td>19:06</td> </tr> <tr> <td>Phone:</td> <td>609-757-7400</td> <td></td> <td></td> </tr> <tr> <td>Date:</td> <td>06/03/1994</td> <td>Title:</td> <td>Not reported</td> </tr> <tr> <td>Other:</td> <td></td> <td>Time:</td> <td>Not reported</td> </tr> <tr> <td>Name:</td> <td>Not reported</td> <td></td> <td></td> </tr> <tr> <td>Phone:</td> <td>Not reported</td> <td></td> <td></td> </tr> <tr> <td>Date:</td> <td>Not reported</td> <td></td> <td></td> </tr> <tr> <td>Incident:</td> <td></td> <td>Referred To:</td> <td>DRPSR</td> </tr> <tr> <td>Name:</td> <td>B.WINTERBURN</td> <td>Telephone:</td> <td>Paged,Faxed</td> </tr> <tr> <td>Region:</td> <td>ER2</td> <td>Incident Time:</td> <td>19:04</td> </tr> <tr> <td>Date:</td> <td>06/03/1994</td> <td></td> <td></td> </tr> <tr> <td>ITM:</td> <td>B</td> <td></td> <td></td> </tr> <tr> <td>Incident Description:</td> <td>Spill</td> <td></td> <td></td> </tr> <tr> <td>Wind Direction/Speed:</td> <td>Not reported</td> <td></td> <td></td> </tr> <tr> <td>Assistance Requested:</td> <td>No</td> <td></td> <td></td> </tr> <tr> <td>Date A310 Letter Printed:</td> <td>06/03/1994</td> <td></td> <td></td> </tr> <tr> <td>Date Local Authority Was Notified:</td> <td>Not reported</td> <td></td> <td></td> </tr> <tr> <td>Date Update:</td> <td>Not reported</td> <td></td> <td></td> </tr> <tr> <td>Date Report Faxed to Local Authority:</td> <td>06/03/1994</td> <td></td> <td></td> </tr> <tr> <td>Local Authority Notification Date 1:</td> <td>Not reported</td> <td></td> <td></td> </tr> <tr> <td>Local Authority Notification Date 2:</td> <td>Not reported</td> <td></td> <td></td> </tr> <tr> <td>Local Authority Notification Date 3:</td> <td>Not reported</td> <td></td> <td></td> </tr> <tr> <td>Status at Spill:</td> <td>LEAK FROM RAIL CAR TO GROUND. CONTRACTOR IS ENROUTE</td> <td></td> <td></td> </tr> <tr> <td>Comments:</td> <td>Not reported</td> <td></td> <td></td> </tr> </table> | | | Name: | Known | Company: | CONRAIL | Contact: | MR. GLOEDE | Title: | SUPER | Address: | 27TH ST CAMDEN, NJ | | | County: | CAMDEN | Phone: | Not reported | NJ Spill: | | Title: | Not reported | Name: | Not reported | | | Phone: | Not reported | Time: | Not reported | Date: | Not reported | | | Local Municipality: | | Title: | HOOGERWERFF | Name: | CAMDEN CITY | Time: | 19:06 | Phone: | 609-757-7400 | | | Date: | 06/03/1994 | Title: | Not reported | Other: | | Time: | Not reported | Name: | Not reported | | | Phone: | Not reported | | | Date: | Not reported | | | Incident: | | Referred To: | DRPSR | Name: | B.WINTERBURN | Telephone: | Paged,Faxed | Region: | ER2 | Incident Time: | 19:04 | Date: | 06/03/1994 | | | ITM: | B | | | Incident Description: | Spill | | | Wind Direction/Speed: | Not reported | | | Assistance Requested: | No | | | Date A310 Letter Printed: | 06/03/1994 | | | Date Local Authority Was Notified: | Not reported | | | Date Update: | Not reported | | | Date Report Faxed to Local Authority: | 06/03/1994 | | | Local Authority Notification Date 1: | Not reported | | | Local Authority Notification Date 2: | Not reported | | | Local Authority Notification Date 3: | Not reported | | | Status at Spill: | LEAK FROM RAIL CAR TO GROUND. CONTRACTOR IS ENROUTE | | | Comments: | Not reported | | |
| Name: | Known | Company: | CONRAIL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Contact: | MR. GLOEDE | Title: | SUPER | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Address: | 27TH ST CAMDEN, NJ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| County: | CAMDEN | Phone: | Not reported | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NJ Spill: | | Title: | Not reported | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name: | Not reported | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Phone: | Not reported | Time: | Not reported | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date: | Not reported | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Local Municipality: | | Title: | HOOGERWERFF | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name: | CAMDEN CITY | Time: | 19:06 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Phone: | 609-757-7400 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date: | 06/03/1994 | Title: | Not reported | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other: | | Time: | Not reported | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name: | Not reported | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Phone: | Not reported | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date: | Not reported | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Incident: | | Referred To: | DRPSR | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name: | B.WINTERBURN | Telephone: | Paged,Faxed | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Region: | ER2 | Incident Time: | 19:04 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date: | 06/03/1994 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ITM: | B | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Incident Description: | Spill | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Wind Direction/Speed: | Not reported | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Assistance Requested: | No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date A310 Letter Printed: | 06/03/1994 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date Local Authority Was Notified: | Not reported | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date Update: | Not reported | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date Report Faxed to Local Authority: | 06/03/1994 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Local Authority Notification Date 1: | Not reported | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Local Authority Notification Date 2: | Not reported | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Local Authority Notification Date 3: | Not reported | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Status at Spill: | LEAK FROM RAIL CAR TO GROUND. CONTRACTOR IS ENROUTE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Comments: | Not reported | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

CONRAIL
27TH ST
CAMDEN, NJ

NJ Release S102206524
NJ Spills N/A

NJ Release:

Facility ID: 11849
Date Received: 07/06/1994
Location: Facility
Facility Phone: Not reported
Date of Incident: 07/06/1994
Substance(s): NITRIC ACID
Substance Type: Liquid
A310 Letter: Yes
Hazrds Material: Yes
COMU: 0408
Amnt Released: <1 GAL.
Release Type: Terminated
Injuries: No
Public Exposure: No
Police at Scene: No
Contamination of: Air, Land
Caller:

Case Number: 94-7-6-0604-05
Operator: JOEG
Nature of Incident: Facility
Facility Type: Commercial
Time of Incident: 04:15
Substance Identity: Known
TCPA Chemical: Yes
CAS Number: 7697372
Ref. Code: 050
Release VE: Estimate
Contained: Yes
Facility Evacuation: No
Public Evacuation: No
Firemen at Scene: No
Receiving Water: Not reported

DETAILED ORPHAN LISTING

| Site | Database(s) | EDR ID Number | EPA ID Number |
|---------------------------------------|---|---------------|---------------|
| CONRAIL (Continued) | | S102206524 | |
| Name: DONAHUE, JIM | Title: CONRAIL | | |
| Address: 1000 HOWARD BLVD | | | |
| MOUNT LAUREL, NJ | | | |
| Telephone: 609-231-2393 | | | |
| Responsible Party: | | | |
| Name: Known | Company: WELLAND CHEMICAL | | |
| Contact: STEVE FISCHER | Title: Not reported | | |
| Address: JACKSONVILLE, FL | | | |
| County: Not reported | Telephone: 412-483-8854 | | |
| NJ Spill: | | | |
| Name: NJSP-OEM | Title: TRP. TROUT | | |
| Telephone: 609-882-4201 | | | |
| Date: 07/06/1994 | Time: 06:14 | | |
| Local Municipality: | | | |
| Name: CAMDEN CITY | Municipality Title: OPER #723 | | |
| Telephone: 609-757-7400 | | | |
| Date: 07/06/1994 | Time: 06:10 | | |
| Other: | | | |
| Name: Not reported | Title: Not reported | | |
| Telephone: Not reported | | | |
| Date: Not reported | Time: Not reported | | |
| Incident: | | | |
| Name: Not reported | Referred To: DRPE | | |
| Region: BRPV | Telephone: Faxed | | |
| Date: 07/06/1994 | Incident Time: Not reported | | |
| ITM: TM | | | |
| Name: Not reported | Referred To: DRPSR | | |
| Region: HQ1 | Telephone: Mailed | | |
| Date: 07/06/1994 | Incident Time: Not reported | | |
| ITM: M | | | |
| Incident Description: | | | |
| Wind Direction/Speed: | Spill | | |
| Assistance Requested: | Not reported | | |
| Date A310 Letter Printed: | No | | |
| Date Local Authority Was Notified: | 07/06/1994 | | |
| Date Update: | Not reported | | |
| Date Report Faxed to Local Authority: | Not reported | | |
| Local Authority Notification Date 1: | 07/06/1994 | | |
| Local Authority Notification Date 2: | Not reported | | |
| Local Authority Notification Date 3: | Not reported | | |
| Status at Spill: | RAILCAR WAS LEAKING AROUND THE TOP. DUPONT ENROUTE TO HANDLE CLEANUP. | | |
| Comments: | NO EMERGENCY EXPECTED. | | |
| NJ Spill: | | | |
| Facility ID: 11849 | Case Number: 94-7-6-0604-05 | | |
| Date Received: 07/06/1994 | Operator: JOEG | | |
| Location: Facility | Nature of Incident: Facility | | |
| Facility Phone: Not reported | Facility Type: Commercial | | |
| Date of Incident: 07/06/1994 | Time of Incident: 04:15 | | |
| Substance(s): NITRIC ACID | | | |
| Substance Type: Liquid | Substance Identity: Known | | |
| A310 Letter: Yes | TCPA Chemical: Yes | | |
| Hazards Material: Yes | CAS Number: 7697372 | | |
| COMU: 0408 | Ref. Code: 050 | | |
| Amnt Released: <1 GAL. | Release VE: Estimate | | |
| Release Type: Terminated | Contained: Yes | | |

DETAILED ORPHAN LISTING

| Site | Database(s) | EDR ID Number EPA ID Number |
|---------------------------------------|---|--------------------------------|
| CONRAIL (Continued) | | S102206524 |
| Injuries: No | Facility Evacuation: No | |
| Public Exposure: No | Public Evacuation: No | |
| Police at Scene: No | Firemen at Scene: No | |
| Contamination of: Air, Land | Receiving Water: Not reported | |
| Caller: | | |
| Name: DONAHUE, JIM | Title: CONRAIL | |
| Address: 1000 HOWARD BLVD | | |
| MOUNT LAUREL, NJ | | |
| Phone: 609-231-2393 | | |
| Responsible Party: | | |
| Name: Known | Company: WELLAND CHEMICAL | |
| Contact: STEVE FISCHER | Title: Not reported | |
| Address: JACKSONVILLE, FL | | |
| County: Not reported | Phone: 412-483-8854 | |
| NJ Spill: | | |
| Name: NJSP-OEM | Title: TRP. TROUT | |
| Phone: 609-882-4201 | | |
| Date: 07/06/1994 | Time: 06:14 | |
| Local Municipality: | | |
| Name: CAMDEN CITY | Title: OPER #723 | |
| Phone: 609-757-7400 | | |
| Date: 07/06/1994 | Time: 06:10 | |
| Other: | | |
| Name: Not reported | Title: Not reported | |
| Phone: Not reported | | |
| Date: Not reported | Time: Not reported | |
| Incident: | | |
| Name: Not reported | Referred To: DRPE | |
| Region: BRPV | Telephone: Faxed | |
| Date: 07/06/1994 | Incident Time: Not reported | |
| ITM: TM | | |
| Name: Not reported | Referred To: DRPSR | |
| Region: HQ1 | Telephone: Not reported | |
| Date: 07/06/1994 | Incident Time: Not reported | |
| ITM: M | | |
| Name: Not reported | Referred To: DRPSR | |
| Region: Not reported | Telephone: Not reported | |
| Date: Not reported | Incident Time: Not reported | |
| ITM: Not reported | | |
| Incident Description: | Spill | |
| Wind Direction/Speed: | Not reported | |
| Assistance Requested: | No | |
| Date A310 Letter Printed: | 07/06/1994 | |
| Date Local Authority Was Notified: | Not reported | |
| Date Update: | Not reported | |
| Date Report Faxed to Local Authority: | 07/06/1994 | |
| Local Authority Notification Date 1: | Not reported | |
| Local Authority Notification Date 2: | Not reported | |
| Local Authority Notification Date 3: | Not reported | |
| Status at Spill: | RAILCAR WAS LEAKING AROUND THE TOP. DUPONT ENROUTE TO HANDLE CLEANUP. | |
| | NO EMERGENCY EXPECTED. | |
| Comments: | Not reported | |

DETAILED ORPHAN LISTING

| Site | Database(s) | EDR ID Number EPA ID Number |
|--|-------------------------|--------------------------------|
| ROADSIDE INTERSECTION OF RT 30 / RT 130 CAMDEN, NJ | NJ Release NJ Spills | S102190473 N/A |
| <div> <div> <p>NJ Release:</p> <p>Facility ID: 851</p> <p>Date Received: 01/19/1993</p> <p>Location: Other</p> <p>Facility Phone: Not reported</p> <p>Date of Incident: 01/19/1993</p> <p>Substance(s): OIL FUEL</p> <p>Substance Type: Liquid</p> <p>A310 Letter: Yes</p> <p>Hazrds Material: Yes</p> <p>COMU: 0408</p> <p>Amnt Released: < 1,000 GAL</p> <p>Release Type: Terminated</p> <p>Injuries: No</p> <p>Public Exposure: No</p> <p>Police at Scene: No</p> <p>Contamination of: Land</p> <p>Caller:</p> <p>Name: TIM CARTY</p> <p>Address: NJ</p> <p>Telephone: 609-530-2977</p> <p>Responsible Party:</p> <p>Name: UnKnown</p> <p>Contact: Not reported</p> <p>Address: Not reported</p> <p>County: Not reported</p> <p>NJ Spill:</p> <p>Name: NJSP-OEM</p> <p>Telephone: 609-538-6088</p> <p>Date: 01/19/1993</p> <p>Local Municipality:</p> <p>Name: CAMDEN CITY</p> <p>Telephone: 609-757-7400</p> <p>Date: 01/19/1993</p> <p>Other:</p> <p>Name: Not reported</p> <p>Telephone: Not reported</p> <p>Date: Not reported</p> <p>Incident:</p> <p>Name: ROB SCHRADER</p> <p>Region: ER2</p> <p>Date: 01/19/1993</p> <p>ITM: B</p> <p>Incident Description: Spill</p> <p>Wind Direction/Speed: Not reported</p> <p>Assistance Requested: No</p> <p>Date A310 Letter Printed: Not reported</p> <p>Date Local Authority Was Notified: Not reported</p> <p>Date Update: Not reported</p> <p>Date Report Faxed to Local Authority: Not reported</p> <p>Local Authority Notification Date 1: Not reported</p> <p>Local Authority Notification Date 2: Not reported</p> <p>Local Authority Notification Date 3: Not reported</p> <p>Status at Spill: UNKNOWN CAUSE OF SPILL. CLEANUP TO BE DONE.</p> <p>Comments: Not reported</p> </div> <div> <p>Case Number: 93-1-19-1127-27</p> <p>Operator: PAT</p> <p>Nature of Incident: Facility</p> <p>Facility Type: Commercial</p> <p>Time of Incident: UNK</p> <p>Substance Identity: Known</p> <p>TCPA Chemical: No</p> <p>CAS Number: Not reported</p> <p>Ref. Code: 002</p> <p>Release VE: Estimate</p> <p>Contained: Yes</p> <p>Facility Evacuation: No</p> <p>Public Evacuation: No</p> <p>Firemen at Scene: No</p> <p>Receiving Water: NONE</p> <p>Title: NJDOT</p> <p>Company: Not reported</p> <p>Title: Not reported</p> <p>Telephone: Not reported</p> <p>Title: JOANNE</p> <p>Time: 11:34</p> <p>Municipality Title: DISP 21</p> <p>Time: 11:37</p> <p>Title: Not reported</p> <p>Time: Not reported</p> <p>Referred To: DRPSR</p> <p>Telephone: Office,Faxed</p> <p>Incident Time: 11:32</p> </div> </div> | | |

DETAILED ORPHAN LISTING

Site

Database(s)

EDR ID Number
EPA ID Number

ROADSIDE INTERSECTION OF (Continued)

S102190473

NJ Spill:

Facility ID: 851
Date Received: 01/19/1993
Location: Other
Facility Phone: Not reported
Date of Incident: 01/19/1993
Substance(s): OIL FUEL
Substance Type: Liquid
A310 Letter: Yes
Hazrds Material: Yes
COMU: 0408
Amnt Released: < 1,000 GAL
Release Type: Terminated
Injuries: No
Public Exposure: No
Police at Scene: No
Contamination of: Land
Caller:
Name: TIM CARTY
Address: NJ
Phone: 609-530-2977

Responsible Party:

Name: Unknown
Contact: Not reported
Address: Not reported
County: Not reported

NJ Spill:

Name: NJSP-OEM
Phone: 609-538-6088
Date: 01/19/1993

Local Municipality:

Name: CAMDEN CITY
Phone: 609-757-7400
Date: 01/19/1993

Other:

Name: Not reported
Phone: Not reported
Date: Not reported

Incident:

Name: ROB SCHRADER
Region: ER2
Date: 01/19/1993 --
ITM: B

Incident Description:

Wind Direction/Speed: Not reported
Assistance Requested: No
Date A310 Letter Printed: Not reported
Date Local Authority Was Notified: Not reported
Date Update: Not reported
Date Report Faxed to Local Authority: Not reported
Local Authority Notification Date 1: Not reported
Local Authority Notification Date 2: Not reported
Local Authority Notification Date 3: Not reported

Status at Spill: UNKNOWN CAUSE OF SPILL. CLEANUP TO BE DONE.

Comments: Not reported

Case Number: 93-1-19-1127-27
Operator: PAT
Nature of Incident: Facility
Facility Type: Commercial
Time of Incident: UNK

Substance Identity: Known
TCPA Chemical: No
CAS Number: Not reported
Ref. Code: 002
Release VE: Estimate
Contained: Yes
Facility Evacuation: No
Public Evacuation: No
Firemen at Scene: No
Receiving Water: NONE

Title: NJDOT

Company: Not reported
Title: Not reported

Phone: Not reported

Title: JOANNE

Time: 11:34

Title: DISP 21

Time: 11:37

Title: Not reported

Time: Not reported

Referred To: DRPSR
Telephone: Office, Faxed
Incident Time: 11:32

DETAILED ORPHAN LISTING

| Site | Database(s) | EDR ID Number EPA ID Number |
|---|---------------------------------------|---------------------------------|
| ABC BARRELL COMPANY 314 TO 322 N FRONT ST CAMDEN, NJ | SHWS | S103029726 N/A |
| SHWS: | | |
| Facility ID: NJL800170839 | Case ID: 950914120653 | |
| Case Status: ACTIVE | Status Date: 01/28/1997 | |
| Contact: BFO-S | | |
| Facility Status: OPEN | | |
| CEA/DER: Not reported | | |
| NJ TPK INTERCHANGE 4 MM 34.5 CAMDEN, NJ | NJ Release NJ Spills | S102220965 N/A |
| NJ Release: | | |
| Facility ID: 17438 | Case Number: 95-10-30-1602-51 | |
| Date Received: 10/30/1995 | Operator: KIM | |
| Location: Other | Nature of Incident: Facility | |
| Facility Phone: Not reported | Facility Type: Commercial | |
| Date of Incident: 10/30/1995 | Time of Incident: 11:00 | |
| Substance(s): DIESEL FUEL | | |
| Substance Type: Liquid | Substance Identity: Known | |
| A310 Letter: Yes | TCPA Chemical: No | |
| Hazrds Material: Yes | CAS Number: Not reported | |
| COMU: 0408 | Ref. Code: 101 | |
| Amnt Released: UNKNOWN | Release VE: Not reported | |
| Release Type: Terminated | Contained: Yes | |
| Injuries: No | Facility Evacuation: No | |
| Public Exposure: No | Public Evacuation: No | |
| Police at Scene: No | Firemen at Scene: No | |
| Contamination of: Land | Receiving Water: NONE | |
| Caller: | | |
| Name: LEE OAKLAND | Title: NJ TURNPIKE AUTH | |
| Address: PO BOX 335 HIGHTSTOWN, NJ | | |
| Telephone: 609-426-6344 | | |
| Responsible Party: | | |
| Name: Known | Company: NJ TURNPIKE AUTH | |
| Contact: LEE OAKLAND | Title: ENVIRO MANG | |
| Address: PO BOX 335 HIGHTSTOWN, NJ | | |
| County: Not reported | Telephone: Not reported | |
| NJ Spill: | | |
| Name: Not reported | Title: Not reported | |
| Telephone: Not reported | | |
| Date: Not reported | Time: Not reported | |
| Local Municipality: | | |
| Name: CAMDEN CITY | Municipality Title: DISP 718 | |
| Telephone: 609-757-7400 | | |
| Date: 10/30/1995 | Time: 16:09 | |
| Other: | | |
| Name: Not reported | Title: Not reported | |
| Telephone: Not reported | | |
| Date: Not reported | Time: Not reported | |
| Incident: | | |
| Name: Not reported | Referred To: DRPSR | |
| Region: BFO-CAS | Telephone: Faxed,Mailed | |
| Date: 10/30/1995 | Incident Time: Not reported | |
| ITM: B | | |

DETAILED ORPHAN LISTING

| Site | Database(s) | EDR ID Number EPA ID Number |
|--|-------------------------------|--------------------------------|
| NJ TPK INTERCHANGE 4 (Continued) | | S102220965 |
| Incident Description: U.S.T., Soil Contamination | | |
| Wind Direction/Speed: Not reported | | |
| Assistance Requested: No | | |
| Date A310 Letter Printed: Not reported | | |
| Date Local Authority Was Notified: Not reported | | |
| Date Update: Not reported | | |
| Date Report Faxed to Local Authority: Not reported | | |
| Local Authority Notification Date 1: Not reported | | |
| Local Authority Notification Date 2: Not reported | | |
| Local Authority Notification Date 3: Not reported | | |
| Status at Spill: 1/290 UST REMOVED. SOIL CONTAMINATION FOUND. CLEANUP BEING COMPLETED BY BROCON CONTRACTING. TMS #C95-0010. UST 131744 TANK E-2. | | |
| Comments: Not reported | | |
| NJ Spill: | | |
| Facility ID: 17438 | Case Number: 95-10-30-1602-51 | |
| Date Received: 10/30/1995 | Operator: KIM | |
| Location: Other | Nature of Incident: Facility | |
| Facility Phone: Not reported | Facility Type: Commercial | |
| Date of Incident: 10/30/1995 | Time of Incident: 11:00 | |
| Substance(s): DIESEL FUEL | | |
| Substance Type: Liquid | Substance Identity: Known | |
| A310 Letter: Yes | TCPA Chemical: No | |
| Hazrds Material: Yes | CAS Number: Not reported | |
| COMU: 0408 | Ref. Code: 101 | |
| Amnt Released: UNKNOWN | Release VE: Not reported | |
| Release Type: Terminated | Contained: Yes | |
| Injuries: No | Facility Evacuation: No | |
| Public Exposure: No | Public Evacuation: No | |
| Police at Scene: No | Firemen at Scene: No | |
| Contamination of: Land | Receiving Water: NONE | |
| Caller: | | |
| Name: LEE OAKLAND | Title: NJ TURNPIKE AUTH | |
| Address: PO BOX 335 HIGHTSTOWN, NJ | | |
| Phone: 609-426-6344 | | |
| Responsible Party: | | |
| Name: Known | Company: NJ TURNPIKE AUTH | |
| Contact: LEE OAKLAND | Title: ENVIRO MANG | |
| Address: PO BOX 335 HIGHTSTOWN, NJ | | |
| County: Not reported | Phone: Not reported | |
| NJ Spill: | | |
| Name: Not reported | Title: Not reported | |
| Phone: Not reported | | |
| Date: Not reported | Time: Not reported | |
| Local Municipality: | | |
| Name: CAMDEN CITY | Title: DISP 718 | |
| Phone: 609-757-7400 | | |
| Date: 10/30/1995 | Time: 16:09 | |
| Other: | | |
| Name: Not reported | Title: Not reported | |
| Phone: Not reported | | |
| Date: Not reported | Time: Not reported | |
| Incident: | | |
| Name: Not reported | Referred To: DRPSR | |
| Region: BFO-CAS | Telephone: Faxed, Mailed | |

DETAILED ORPHAN LISTING

| Site | Database(s) | EDR ID Number EPA ID Number |
|--|---|--------------------------------|
| <hr/> | | |
| NJ TPK INTERCHANGE 4 (Continued) | | S102220965 |
| Date: 10/30/1995 ITM: B Incident Description: U.S.T., Soil Contamination Wind Direction/Speed: Not reported Assistance Requested: No Date A310 Letter Printed: Not reported Date Local Authority Was Notified: Not reported Date Update: Not reported Date Report Faxed to Local Authority: Not reported Local Authority Notification Date 1: Not reported Local Authority Notification Date 2: Not reported Local Authority Notification Date 3: Not reported Status at Spill: 1/290 UST REMOVED. SOIL CONTAMINATION FOUND. CLEANUP BEING COMPLETED BY BROCON CONTRACTING. TMS #C95-0010. UST 131744 TANK E-2. Comments: Not reported | Incident Time: Not reported | |
| <hr/> | | |
| MICKLE TOWER APARTMENTS S 3RD ST CAMDEN, NJ | LUST | S103089739 N/A |
| LUST: Facility ID: 93-08-26-0025 Facility Status: Case Management Section UST ID: Not reported Lead Program Assigned to Case: Bureau of Field Operations - Case Assignment Section TMS Number: Not reported Remedial Level: Not reported Case Manager: RMR Web Data Case Manager: Not reported | | |
| <hr/> | | |
| NU CAR/CARSTAR DEALER AUTOBODY SOUTH 6 TH ST CAMDEN, NJ | NJ Release NJ Spills | S102196743 N/A |
| NJ Release: Facility ID: 13740 Date Received: 08/13/1993 Location: Facility Facility Phone: Not reported Date of Incident: 02/13/1993 Substance(s): ANTIFREEZE OIL WASTE Substance Type: Liquid A310 Letter: Yes Hazrds Material: Yes COMU: 0408 Amnt Released: UNK Release Type: Continuous Injuries: No Public Exposure: No Police at Scene: No Contamination of: Land, WATER Caller: Name: ANONYMOUS Address: Not reported Telephone: Not reported Responsible Party: Name: Known | Case Number: 93-8-13-1318-16 Operator: JIMH Nature of Incident: Citizen Facility Type: Commercial Time of Incident: ONGOI Substance Identity: Known TCPA Chemical: No CAS Number: Not reported Ref. Code: 002 Release VE: Not reported Contained: No Facility Evacuation: No Public Evacuation: No Firemen at Scene: No Receiving Water: UNK Title: CITIZEN Company: NU CAR/CARSTAR DEALE | |

DETAILED ORPHAN LISTING

| Site | Database(s) | EDR ID Number EPA ID Number |
|--|------------------------------|--------------------------------|
| NU CAR/CARSTAR DEALER AUTOBODY (Continued) | | S102196743 |
| Contact: Not reported | Title: Not reported | |
| Address: SOUTH 6 TH ST CAMDEN, NJ | | |
| County: CAMDEN | Telephone: Not reported | |
| NJ Spill: | | |
| Name: NJSP/OEM | Title: FAXED | |
| Telephone: Not reported | | |
| Date: 08/13/1993 | Time: Not reported | |
| Local Municipality: | | |
| Name: CAMDEN CITY | Municipality Title: OPER 707 | |
| Telephone: 609-757-7400 | | |
| Date: 08/13/1993 | Time: 13:25 | |
| Other: | | |
| Name: Not reported | Title: Not reported | |
| Telephone: Not reported | | |
| Date: Not reported | Time: Not reported | |
| Incident: | | |
| Name: B.WINTERBURN | Referred To: DRPSR | |
| Region: ER2 | Telephone: Faxed,Mailed | |
| Date: 08/13/1993 | Incident Time: 13:23 | |
| ITM: B | | |
| Incident Description: Illegal Dumping | | |
| Wind Direction/Speed: Not reported | | |
| Assistance Requested: Yes | | |
| Date A310 Letter Printed: 08/13/1993 | | |
| Date Local Authority Was Notified: Not reported | | |
| Date Update: Not reported | | |
| Date Report Faxed to Local Authority: 08/13/1993 | | |
| Local Authority Notification Date 1: Not reported | | |
| Local Authority Notification Date 2: Not reported | | |
| Local Authority Notification Date 3: Not reported | | |
| Status at Spill: ILLEGAL DUMPING OF ABOVE MATERIALS IN FLOOR DRAIN AND IN DUMPSTER | | |
| Comments: Not reported | | |
| NJ Spill: | | |
| Facility ID: 13740 | Case Number: 93-8-13-1318-16 | |
| Date Received: 08/13/1993 | Operator: JIMH | |
| Location: Facility | Nature of Incident: Citizen | |
| Facility Phone: Not reported | Facility Type: Commercial | |
| Date of Incident: 02/13/1993 | Time of Incident: ONGOI | |
| Substance(s): ANTIFREEZE OIL WASTE | | |
| Substance Type: Liquid | Substance Identity: Known | |
| A310 Letter: Yes | TCPA Chemical: No | |
| Hazrds Material: Yes | CAS Number: Not reported | |
| COMU: 0408 | Ref. Code: 002 | |
| Amnt Released: UNK | Release VE: Not reported | |
| Release Type: Continuous | Contained: No | |
| Injuries: No | Facility Evacuation: No | |
| Public Exposure: No | Public Evacuation: No | |
| Police at Scene: No | Firemen at Scene: No | |
| Contamination of: Land, WATER | Receiving Water: UNK | |
| Caller: | | |
| Name: ANONYMOUS | Title: CITIZEN | |
| Address: Not reported | | |
| Phone: Not reported | | |
| Responsible Party: | | |

DETAILED ORPHAN LISTING

| | | |
|-------------|--------------------|--|
| <u>Site</u> | <u>Database(s)</u> | <u>EDR ID Number</u> <u>EPA ID Number</u> |
|-------------|--------------------|--|

NU CAR/CARSTAR DEALER AUTOBODY (Continued)

S102196743

| | |
|--|---|
| <p>Name: Known Contact: Not reported Address: SOUTH 6 TH ST CAMDEN, NJ County: CAMDEN NJ Spill: Name: NJSP/OEM Phone: Not reported Date: 08/13/1993 Local Municipality: Name: CAMDEN CITY Phone: 609-757-7400 Date: 08/13/1993 Other: Name: Not reported Phone: Not reported Date: Not reported Incident: Name: B.WINTERBURN Region: ER2 Date: 08/13/1993 ITM: B Incident Description: Illegal Dumping Wind Direction/Speed: Not reported Assistance Requested: Yes Date A310 Letter Printed: 08/13/1993 Date Local Authority Was Notified: Not reported Date Update: Not reported Date Report Faxed to Local Authority: 08/13/1993 Local Authority Notification Date 1: Not reported Local Authority Notification Date 2: Not reported Local Authority Notification Date 3: Not reported Status at Spill: ILLEGAL DUMPING OF ABOVE MATERIALS IN FLOOR DRAIN AND IN DUMPSTER Comments: Not reported</p> | <p>Company: NU CAR/CARSTAR DEALE Title: Not reported Phone: Not reported Title: FAXED Time: Not reported Title: OPER 707 Time: 13:25 Title: Not reported Time: Not reported Referred To: DRPSR Telephone: Faxed, Mailed Incident Time: 13:23</p> |
|--|---|

NEAR EXIT 3
RT 676 SO
CAMDEN, NJ

NJ Release S102212008
NJ Spills N/A

| | |
|--|---|
| <p>NJ Spill: Facility ID: 210 Date Received: 01/05/1995 Location: Transport Facility Phone: Not reported Date of Incident: 01/05/1995 Substance(s): HYDROGEN PEROXIDE Substance Type: Liquid A310 Letter: Yes Hazrds Material: Yes COMU: 0408 Amnt Released: 45 GALS Release Type: Terminated Injuries: No Public Exposure: No Police at Scene: No Contamination of: Land Caller: Name: DON HELWIG</p> | <p>Case Number: 95-1-5-1511-04 Operator: JULIE1 Nature of Incident: Facility Facility Type: Industrial Time of Incident: 14:45 Substance Identity: Known TCPA Chemical: No CAS Number: 7722841 Ref. Code: 101 Release VE: Estimate Contained: Yes Facility Evacuation: No Public Evacuation: No Firemen at Scene: No Receiving Water: NONE Title: COYNE CHEMICAL</p> |
|--|---|

DETAILED ORPHAN LISTING

| Site | Database(s) | EDR ID Number EPA ID Number |
|---|-----------------------------|--------------------------------|
| NEAR EXIT 3 (Continued) | | S102212008 |
| Address: 3015 STATE RD CROYDON, PA | | |
| Phone: 215-785-3000 | | |
| Responsible Party: | | |
| Name: Known | Company: COYNE CHEMICAL | |
| Contact: DON HELWIG | Title: VP | |
| Address: 3015 STATE RD CROYDON, PA | | |
| County: Not reported | Phone: 215-785-3000 | |
| NJ Spill: | | |
| Name: Not reported | Title: Not reported | |
| Phone: Not reported | | |
| Date: Not reported | Time: Not reported | |
| Local Municipality: | | |
| Name: CAMDEN CITY | Title: OPR 770 | |
| Phone: 609-757-7400 | | |
| Date: 01/05/1995 | Time: 15:14 | |
| Other: | | |
| Name: Not reported | Title: Not reported | |
| Phone: Not reported | | |
| Date: Not reported | Time: Not reported | |
| Incident: | | |
| Name: Not reported | Referred To: DRPSR | |
| Region: BFO-CAS | Telephone: Faxed, Mailed | |
| Date: 01/05/1995 | Incident Time: Not reported | |
| ITM: B | | |
| Incident Description: Spill | | |
| Wind Direction/Speed: Not reported | | |
| Assistance Requested: No | | |
| Date A310 Letter Printed: Not reported | | |
| Date Local Authority Was Notified: Not reported | | |
| Date Update: Not reported | | |
| Date Report Faxed to Local Authority: Not reported | | |
| Local Authority Notification Date 1: Not reported | | |
| Local Authority Notification Date 2: Not reported | | |
| Local Authority Notification Date 3: Not reported | | |
| Status at Spill: SPILL DUE TO LEAKING DRUM ON BACK OF TRUCK.CLEAN UP BEING DONE | | |
| Comments: Not reported | | |

ON RAMP TO RT 676 SOUTH CAMDEN, NJ

NJ Release S102228026
NJ Spills N/A

NJ Release:

Facility ID: 10563
Date Received: 07/02/1996
Location: Transport
Facility Phone: Not reported
Date of Incident: 07/02/1996
Substance(s): MINERAL SPIRITS
Substance Type: Liquid
A310 Letter: Yes
Hazrds Material: Yes
COMU: 0408
Amnt Released: 2 GALS
Release Type: Terminated
Injuries: No
Public Exposure: No

Case Number: 96-7-2-1534-45
Operator: ROB
Nature of Incident: Facility
Facility Type: Commercial
Time of Incident: 14:07

Substance Identity: Known
TCPA Chemical: No
CAS Number: 8030306
Ref. Code: 101
Release VE: Estimate
Contained: Yes
Facility Evacuation: No
Public Evacuation: No

DETAILED ORPHAN LISTING

| Site | Database(s) | EDR ID Number EPA ID Number |
|--|-------------------------------|--------------------------------|
| ON RAMP TO (Continued) | | S102228026 |
| Police at Scene: No | Firemen at Scene: No | |
| Contamination of: Land | Receiving Water: Not reported | |
| Caller: | | |
| Name: BILL BOGGIA | Title: SAFETY KLEEN | |
| Address: 123 RED LION RD | | |
| SOUTHAMPTON, NJ | | |
| Telephone: 609-859-2049 | | |
| Responsible Party: | | |
| Name: Known | Company: SAFETY KLEEN | |
| Contact: BILL BOGGIA | Title: SEC. | |
| Address: 123 RED LION | | |
| SOUTHAMPTON, NJ | | |
| County: BURLINGTON | Telephone: 609-859-2049 | |
| NJ Spill: | | |
| Name: Not reported | Title: Not reported | |
| Telephone: Not reported | | |
| Date: Not reported | Time: Not reported | |
| Local Municipality: | | |
| Name: CAMDEN CITY | Municipality Title: OPR. #723 | |
| Telephone: 609-757-7400 | | |
| Date: 07/02/1996 | Time: 15:41 | |
| Other: | | |
| Name: Not reported | Title: Not reported | |
| Telephone: Not reported | | |
| Date: Not reported | Time: Not reported | |
| Incident: | | |
| Name: Not reported | Referred To: DRPSR | |
| Region: BFO-CAS | Telephone: Not reported | |
| Date: 07/02/1996 | Incident Time: Not reported | |
| ITM: B | | |
| Incident Description: Spill | | |
| Wind Direction/Speed: Not reported | | |
| Assistance Requested: No | | |
| Date A310 Letter Printed: Not reported | | |
| Date Local Authority Was Notified: Not reported | | |
| Date Update: Not reported | | |
| Date Report Faxed to Local Authority: Not reported | | |
| Local Authority Notification Date 1: Not reported | | |
| Local Authority Notification Date 2: Not reported | | |
| Local Authority Notification Date 3: Not reported | | |
| Status at Spill: SPILL DUE TO DRUM FALLING OFF BACK OF TRUCK. CLEANUP COMPLETED BY RP. | | |
| Comments: Not reported | | |
| Facility ID: 10563 | Case Number: 96-7-2-1534-45 | |
| Date Received: 07/02/1996 | Operator: ROB | |
| Location: Transport | Nature of Incident: Facility | |
| Facility Phone: Not reported | Facility Type: Commercial | |
| Date of Incident: 07/02/1996 | Time of Incident: 14:07 | |
| Substance(s): MINERAL SPIRITS | | |
| Substance Type: Liquid | Substance Identity: Known | |
| A310 Letter: Yes | TCPA Chemical: No | |
| Hazrds Material: Yes | CAS Number: 8030306 | |
| COMU: 0408 | Ref. Code: 101 | |
| Amnt Released: 2 GALS | Release VE: Estimate | |
| Release Type: Terminated | Contained: Yes | |
| Injuries: No | Facility Evacuation: No | |
| Public Exposure: No | Public Evacuation: No | |

DETAILED ORPHAN LISTING

| Site | Database(s) | EDR ID Number EPA ID Number |
|------|-------------|--------------------------------|
|------|-------------|--------------------------------|

ON RAMP TO (Continued)

S102228026

| | |
|--|-------------------------------|
| Police at Scene: No | Firemen at Scene: No |
| Contamination of: Land | Receiving Water: Not reported |
| Caller: | |
| Name: BILL BOGGIA | Title: SAFETY KLEEN |
| Address: 123 RED LION RD | |
| SOUTHAMPTON, NJ | |
| Telephone: 609-859-2049 | |
| Responsible Party: | |
| Name: Known | Company: SAFETY KLEEN |
| Contact: BILL BOGGIA | Title: SEC. |
| Address: 123 RED LION | |
| SOUTHAMPTON, NJ | |
| County: BURLINGTON | Telephone: 609-859-2049 |
| NJ Spill: | |
| Name: Not reported | Title: Not reported |
| Telephone: Not reported | |
| Date: Not reported | Time: Not reported |
| Local Municipality: | |
| Name: CAMDEN CITY | Municipality Title: OPR: #723 |
| Telephone: 609-757-7400 | |
| Date: 07/02/1996 | Time: 15:41 |
| Other: | |
| Name: Not reported | Title: Not reported |
| Telephone: Not reported | |
| Date: Not reported | Time: Not reported |
| Incident: | |
| Name: Not reported | Referred To: DRPSR |
| Region: BFO-CAS | Telephone: Not reported |
| Date: 07/02/1996 | Incident Time: Not reported |
| ITM: B | |
| Incident Description: Spill | |
| Wind Direction/Speed: Not reported | |
| Assistance Requested: No | |
| Date A310 Letter Printed: Not reported | |
| Date Local Authority Was Notified: Not reported | |
| Date Update: Not reported | |
| Date Report Faxed to Local Authority: Not reported | |
| Local Authority Notification Date 1: Not reported | |
| Local Authority Notification Date 2: Not reported | |
| Local Authority Notification Date 3: Not reported | |
| Status at Spill: SPILL DUE TO DRUM FALLING OFF BACK OF TRUCK. CLEANUP COMPLETED BY RP. | |
| Comments: Not reported | |

NJ Spill:

| | |
|-------------------------------|------------------------------|
| Facility ID: 10563 | Case Number: 96-7-2-1534-45 |
| Date Received: 07/02/1996 | Operator: ROB |
| Location: Transport | Nature of Incident: Facility |
| Facility Phone: Not reported | Facility Type: Commercial |
| Date of Incident: 07/02/1996 | Time of Incident: 14:07 |
| Substance(s): MINERAL SPIRITS | |
| Substance Type: Liquid | Substance Identity: Known |
| A310 Letter: Yes | TCPA Chemical: No |
| Hazrds Material: Yes | CAS Number: 8030306 |
| COMU: 0408 | Ref. Code: 101 |
| Amnt Released: 2 GALS | Release VE: Estimate |
| Release Type: Terminated | Contained: Yes |
| Injuries: No | Facility Evacuation: No |

DETAILED ORPHAN LISTING

| Site | Database(s) | EDR ID Number EPA ID Number |
|------|-------------|--------------------------------|
|------|-------------|--------------------------------|

ON RAMP TO (Continued)

S102228026

| | |
|--|-------------------------------|
| Public Exposure: No | Public Evacuation: No |
| Police at Scene: No | Firemen at Scene: No |
| Contamination of: Land | Receiving Water: Not reported |
| Caller: | |
| Name: BILL BOGGIA | Title: SAFETY KLEEN |
| Address: 123 RED LION RD SOUTHAMPTON, NJ | |
| Phone: 609-859-2049 | |
| Responsible Party: | |
| Name: Known | Company: SAFETY KLEEN |
| Contact: BILL BOGGIA | Title: SEC. |
| Address: 123 RED LION SOUTHAMPTON, NJ | |
| County: BURLINGTON | Phone: 609-859-2049 |
| NJ Spill: | |
| Name: Not reported | Title: Not reported |
| Phone: Not reported | |
| Date: Not reported | Time: Not reported |
| Local Municipality: | |
| Name: Not reported | Title: Not reported |
| Phone: Not reported | |
| Date: Not reported | Time: 15:41 |
| Other: | |
| Name: Not reported | Title: Not reported |
| Phone: Not reported | |
| Date: Not reported | Time: Not reported |
| Incident: | |
| Name: Not reported | Referred To: Not reported |
| Region: Not reported | Telephone: Not reported |
| Date: Not reported | Incident Time: Not reported |
| ITM: Not reported | |
| Incident Description: Spill | |
| Wind Direction/Speed: Not reported | |
| Assistance Requested: No | |
| Date A310 Letter Printed: Not reported | |
| Date Local Authority Was Notified: Not reported | |
| Date Update: Not reported | |
| Date Report Faxed to Local Authority: Not reported | |
| Local Authority Notification Date 1: Not reported | |
| Local Authority Notification Date 2: Not reported | |
| Local Authority Notification Date 3: Not reported | |
| Status at Spill: SPILL DUE TO DRUM FALLING OFF BACK OF TRUCK. CLEANUP COMPLETED BY RP. | |
| Comments: Not reported | |

NU-CAR INC
92935 SO 6TH ST
CAMDEN, NJ

NJ Release S102197709
NJ Spills N/A

NJ Release:

| | |
|---|--------------------------------|
| Facility ID: 15684 | Case Number: 93-9-14-1433-48 |
| Date Received: 09/14/1993 | Operator: ROGER |
| Location: Facility | Nature of Incident: Citizen |
| Facility Phone: Not reported | Facility Type: Commercial |
| Date of Incident: 08/23/1993 | Time of Incident: Not reported |
| Substance(s): ANTIFREEZE, FREON R12, PAINT SOLVENTS, OIL MOTOR | |
| Substance Type: Liquid | Substance Identity: Suspected |
| A310 Letter: Yes | TCPA Chemical: No |

DETAILED ORPHAN LISTING

| Site | Database(s) | EDR ID Number EPA ID Number |
|---|--------------------------------|--------------------------------|
| NU-CAR INC (Continued) | | S102197709 |
| Hazrds Material: Yes | CAS Number: Not reported | |
| COMU: 0408 | Ref. Code: 002 | |
| Amnt Released: UNKNOWN | Release VE: Not reported | |
| Release Type: Intermittent | Contained: No | |
| Injuries: No | Facility Evacuation: No | |
| Public Exposure: No | Public Evacuation: No | |
| Police at Scene: No | Firemen at Scene: No | |
| Contamination of: Air, Land, Water | Receiving Water: UNKNOWN | |
| Caller: | | |
| Name: ANONYMOUS | Title: CITIZEN | |
| Address: Not reported | | |
| Telephone: Not reported | | |
| Responsible Party: | | |
| Name: Known | Company: NU-CAR INC | |
| Contact: Not reported | Title: Not reported | |
| Address: 92935 SO 6TH ST CAMDEN, NJ | | |
| County: CAMDEN | Telephone: Not reported | |
| NJ Spill: | | |
| Name: OEM | Title: FAXED | |
| Telephone: 609-882-2000 | | |
| Date: 09/14/1993 | Time: Not reported | |
| Local Municipality: | | |
| Name: CAMDEN CITY | Municipality Title: OPR 770 | |
| Telephone: 609-757-7400 | | |
| Date: 09/14/1993 | Time: 14:38 | |
| Other: | | |
| Name: Not reported | Title: Not reported | |
| Telephone: Not reported | | |
| Date: Not reported | Time: Not reported | |
| Incident: | | |
| Name: P DiGANGI | Referred To: DRPSR | |
| Region: ER2 | Telephone: Office, Faxed | |
| Date: 09/14/1993 | Incident Time: 14:36 | |
| ITM: T | | |
| Incident Description: Illegal Dumping | | |
| Wind Direction/Speed: Not reported | | |
| Assistance Requested: Yes | | |
| Date A310 Letter Printed: 09/14/1993 | | |
| Date Local Authority Was Notified: Not reported | | |
| Date Update: Not reported | | |
| Date Report Faxed to Local Authority: 09/14/1993 | | |
| Local Authority Notification Date 1: Not reported | | |
| Local Authority Notification Date 2: Not reported | | |
| Local Authority Notification Date 3: Not reported | | |
| Status at Spill: FACILITY RELEASES FREON TO AIR, & SPRAY PAINTS CARS W/OUT SPRAY BOOTH. ALSO DUMPS ANTIFREEZE INTO DRAIN IN FLOOR, & DISPOSES OIL MOTOR INTO TRASH. | | |
| Comments: Not reported | | |
| NJ Spill: | | |
| Facility ID: 15684 | Case Number: 93-9-14-1433-48 | |
| Date Received: 09/14/1993 | Operator: ROGER | |
| Location: Facility | Nature of Incident: Citizen | |
| Facility Phone: Not reported | Facility Type: Commercial | |
| Date of Incident: 08/23/1993 | Time of Incident: Not reported | |
| Substance(s): ANTIFREEZE, FREON R12, PAINT SOLVENTS, | | |

DETAILED ORPHAN LISTING

| Site | Database(s) | EDR ID Number EPA ID Number |
|---|-------------|--------------------------------|
| NU-CAR INC (Continued) | | S102197709 |
| <p>OIL MOTOR</p> <p>Substance Type: Liquid A310 Letter: Yes Hazrds Material: Yes COMU: 0408 Amnt Released: UNKNOWN Release Type: Intermittent Injuries: No Public Exposure: No Police at Scene: No Contamination of: Air, Land, Water Caller: Name: ANONYMOUS Address: Not reported Phone: Not reported Responsible Party: Name: Known Contact: Not reported Address: 92935 SO 6TH ST CAMDEN, NJ County: CAMDEN NJ Spill: Name: OEM Phone: 609-882-2000 Date: 09/14/1993 Local Municipality: Name: CAMDEN CITY Phone: 609-757-7400 Date: 09/14/1993 Other: Name: Not reported Phone: Not reported Date: Not reported Incident: Name: P DiGANGI Region: ER2 Date: 09/14/1993 ITM: T</p> <p>Substance Identity: Suspected TCPA Chemical: No CAS Number: Not reported Ref. Code: 002 Release VE: Not reported Contained: No Facility Evacuation: No Public Evacuation: No Firemen at Scene: No Receiving Water: UNKNOWN Title: CITIZEN Company: NU-CAR INC Title: Not reported Phone: Not reported Title: FAXED Time: Not reported Title: OPR 770 Time: 14:38 Title: Not reported Time: Not reported Referred To: DRPSR Telephone: Office, Faxed Incident Time: 14:36</p> <p>Incident Description: Illegal Dumping Wind Direction/Speed: Not reported Assistance Requested: Yes Date A310 Letter Printed: 09/14/1993 Date Local Authority Was Notified: Not reported Date Update: Not reported Date Report Faxed to Local Authority: 09/14/1993 Local Authority Notification Date 1: Not reported Local Authority Notification Date 2: Not reported Local Authority Notification Date 3: Not reported Status at Spill: FACILITY RELEASES FREON TO AIR, & SPRAY PAINTS CARS W/OUT SPRAY BOOTH. ALSO DUMPS ANTIFREEZE INTO DRAIN IN FLOOR, & DISPOSES OIL MOTOR INTO TRASH. Comments: Not reported</p> | | |

DETAILED ORPHAN LISTING

| Site | Database(s) | EDR ID Number EPA ID Number |
|---|-------------------------|--------------------------------|
| INTERSECITON OF RT 73 / RT 30 CAMDEN, NJ | NJ Release NJ Spills | S102485851 N/A |
| <div> <div> <p>NJ Release:</p> <p>Facility ID: 13324</p> <p>Date Received: 08/20/1996</p> <p>Location: Transport</p> <p>Facility Phone: Not reported</p> <p>Date of Incident: 08/20/1996</p> <p>Substance(s): OIL MOTOR</p> <p>Substance Type: Liquid</p> <p>A310 Letter: No</p> <p>Hazrds Material: Yes</p> <p>COMU: 0408</p> <p>Amnt Released: UNKNOWN</p> <p>Release Type: Terminated</p> <p>Injuries: No</p> <p>Public Exposure: No</p> <p>Police at Scene: Yes</p> <p>Contamination of: Land</p> <p>Caller:</p> <p>Name: OPR. #4408</p> <p>Address: X-6202</p> <p>NJ</p> <p>Telephone: 609-783-4808</p> <p>Responsible Party:</p> <p>Name: UnKnown</p> <p>Contact: Not reported</p> <p>Address: Not reported</p> <p>County: Not reported</p> <p>NJ Spill:</p> <p>Name: Not reported</p> <p>Telephone: Not reported</p> <p>Date: Not reported</p> <p>Local Municipality:</p> <p>Name: Not reported</p> <p>Telephone: Not reported</p> <p>Date: Not reported</p> <p>Other:</p> <p>Name: Not reported</p> <p>Telephone: Not reported</p> <p>Date: Not reported</p> <p>Incident:</p> <p>Name: Not reported</p> <p>Region: BFO-CAS</p> <p>Date: 08/20/1996</p> <p>ITM: B</p> <p>Incident Description: Spill,MVA</p> <p>Wind Direction/Speed: Not reported</p> <p>Assistance Requested: No</p> <p>Date A310 Letter Printed: Not reported</p> <p>Date Local Authority Was Notified: Not reported</p> <p>Date Update: Not reported</p> <p>Date Report Faxed to Local Authority: Not reported</p> <p>Local Authority Notification Date 1: Not reported</p> <p>Local Authority Notification Date 2: Not reported</p> <p>Local Authority Notification Date 3: Not reported</p> <p>Status at Spill: SPILL DUE TO MVA. CLEAN UP COMPLETED BY CAMDEN CO COMM.</p> </div> <div> <p>Case Number: 96-8-20-1739-18</p> <p>Operator: DIANNE</p> <p>Nature of Incident: Municipal</p> <p>Facility Type: Residential</p> <p>Time of Incident: 17:20</p> <p>Substance Identity: Suspected</p> <p>TCPA Chemical: No</p> <p>CAS Number: Not reported</p> <p>Ref. Code: 101</p> <p>Release VE: Not reported</p> <p>Contained: Yes</p> <p>Facility Evacuation: No</p> <p>Public Evacuation: No</p> <p>Firemen at Scene: Yes</p> <p>Receiving Water: Not reported</p> <p>Title: CAMDEN CNTY FIRE</p> <p>Company: Not reported</p> <p>Title: Not reported</p> <p>Telephone: Not reported</p> <p>Title: Not reported</p> <p>Time: Not reported</p> <p>Municipality Title: Not reported</p> <p>Time: Not reported</p> <p>Title: Not reported</p> <p>Time: Not reported</p> <p>Referred To: DRPSR</p> <p>Telephone: Not reported</p> <p>Incident Time: Not reported</p> </div> </div> | | |

DETAILED ORPHAN LISTING

| Site | Database(s) | EDR ID Number | EPA ID Number |
|--|-------------------------------|---------------|---------------|
| INTERSECITON OF (Continued) | | | S102485851 |
| Comments: CHART D | | | |
| NJ Spill: | | | |
| Facility ID: 13324 | Case Number: 96-8-20-1739-18 | | |
| Date Received: 08/20/1996 | Operator: DIANNE | | |
| Location: Transport | Nature of Incident: Municipal | | |
| Facility Phone: Not reported | Facility Type: Residential | | |
| Date of Incident: 08/20/1996 | Time of Incident: 17:20 | | |
| Substance(s): OIL MOTOR | | | |
| Substance Type: Liquid | Substance Identity: Suspected | | |
| A310 Letter: No | TCPA Chemical: No | | |
| Hazrds Material: Yes | CAS Number: Not reported | | |
| COMU: 0408 | Ref. Code: 101 | | |
| Amnt Released: UNKNOWN | Release VE: Not reported | | |
| Release Type: Terminated | Contained: Yes | | |
| Injuries: No | Facility Evacuation: No | | |
| Public Exposure: No | Public Evacuation: No | | |
| Police at Scene: Yes | Firemen at Scene: Yes | | |
| Contamination of: Land | Receiving Water: Not reported | | |
| Caller: | | | |
| Name: OPR. #4408 | Title: CAMDEN CNTY FIRE | | |
| Address: X-6202 | | | |
| NJ | | | |
| Phone: 609-783-4808 | | | |
| Responsible Party: | | | |
| Name: UnKnown | Company: Not reported | | |
| Contact: Not reported | Title: Not reported | | |
| Address: Not reported | | | |
| County: Not reported | Phone: Not reported | | |
| NJ Spill: | | | |
| Name: Not reported | Title: Not reported | | |
| Phone: Not reported | | | |
| Date: Not reported | Time: Not reported | | |
| Local Municipality: | | | |
| Name: Not reported | Title: Not reported | | |
| Phone: Not reported | | | |
| Date: Not reported | Time: Not reported | | |
| Other: | | | |
| Name: Not reported | Title: Not reported | | |
| Phone: Not reported | | | |
| Date: Not reported | Time: Not reported | | |
| Incident: | | | |
| Name: Not reported | Referred To: Not reported | | |
| Region: Not reported | Telephone: Not reported | | |
| Date: Not reported | Incident Time: Not reported | | |
| ITM: Not reported | | | |
| Incident Description: Spill,MVA | | | |
| Wind Direction/Speed: Not reported | | | |
| Assistance Requested: No | | | |
| Date A310 Letter Printed: Not reported | | | |
| Date Local Authority Was Notified: Not reported | | | |
| Date Update: Not reported | | | |
| Date Report Faxed to Local Authority: Not reported | | | |
| Local Authority Notification Date 1: Not reported | | | |
| Local Authority Notification Date 2: Not reported | | | |
| Local Authority Notification Date 3: Not reported | | | |
| Status at Spill: SPILL DUE TO MVA. CLEAN UP COMPLETED BY CAMDEN CO COMM. | | | |

DETAILED ORPHAN LISTING

| Site | Database(s) | EDR ID Number EPA ID Number |
|-----------------------------|-------------|--------------------------------|
| INTERSECITON OF (Continued) | | S102485851 |
| Comments: CHART D | | |

INTERSECTION OF ATLANTIC AVE + SOUTH 8TH ST CAMDEN, NJ

NJ Release S102221740
NJ Spills N/A

NJ Release:

Facility ID: 18858
Date Received: 11/26/1995
Location: Other
Facility Phone: Not reported
Date of Incident: 11/26/1995
Substance(s): OIL MOTOR
Substance Type: Liquid
A310 Letter: No
Hazrds Material: Yes
COMU: 0408
Amnt Released: 8 QTS
Release Type: Terminated
Injuries: No
Public Exposure: No
Police at Scene: No
Contamination of: Land

Case Number: 95-11-26-2155-10
Operator: ROB
Nature of Incident: Municipal
Facility Type: Residential
Time of Incident: 21:23

Substance Identity: Known
TCPA Chemical: No
CAS Number: Not reported
Ref. Code: 101
Release VE: Estimate
Contained: Yes
Facility Evacuation: No
Public Evacuation: No
Firemen at Scene: Yes
Receiving Water: NONE

Caller:

Name: OPR. # 20 EXT 6200
Address: FOR CAMDEN, NJ
Telephone: 609-783-4808

Title: CAMDEN CNTY COMM.

Responsible Party:

Name: UnKnown
Contact: Not reported
Address: Not reported
County: Not reported

Company: Not reported
Title: Not reported

Telephone: Not reported

NJ Spill:

Name: Not reported
Telephone: Not reported
Date: Not reported

Title: Not reported

Time: Not reported

Local Municipality:

Name: Not reported
Telephone: Not reported
Date: Not reported

Municipality Title: Not reported

Time: Not reported

Other:

Name: Not reported
Telephone: Not reported
Date: Not reported

Title: Not reported

Time: Not reported

Incident:

Name: Not reported
Region: BFO-CAS
Date: 11/26/1995
ITM: B

Referred To: DRPSR
Telephone: Faxed, Mailed
Incident Time: Not reported

Incident Description:

Wind Direction/Speed: Not reported
Assistance Requested: No
Date A310 Letter Printed: 11/26/1995
Date Local Authority Was Notified: Not reported
Date Update: Not reported
Date Report Faxed to Local Authority: Not reported
Local Authority Notification Date 1: Not reported
Local Authority Notification Date 2: Not reported

Spill

DETAILED ORPHAN LISTING

| Site | Database(s) | EDR ID Number EPA ID Number | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--------------------|--------------------------------|-------------------|-------|--------------|------------------|----------------|------------|-----------|-----|-----------|-------|---------------------|-----------|-----------------|--------------|----------------|-------------|-------------------|------------|-------------------|-------|---------------|-----------|--|--|-----------------|--------|---------------------|-------|--------------|----|----------------|----|------------------|-----|-------------|--------------|-------|------|------------|-----|----------------|-------|-------------|----------|---------------|------------|------------|-----|-----------|----|----------------------|----|------------------|----|--------------------|----|------------------|----|-------------------|-----|-------------------|------|------------------|------|---------|--|--|--|-------|--------------------|--------|-------------------|----------|----------------|--|--|--------|--------------|--|--|--------------------|--|----------|--------------|-------|---------|--------|--------------|----------|--------------|--|--|----------|--------------|--------|--------------|---------|--------------|--------|--------------|-----------|--|-------|--------------|-------|--------------|--------|--------------|--------|--------------|--|--|-------|--------------|-------|--------------|---------------------|--|--------|--------------|-------|--------------|-------|--------------|--------|--------------|--------|--------------|-------|--------------|-------|--------------|--------|--|--------|--------------|-------|--------------|-------|--------------|--------|--------------|--|--|-------|--------------|--------------|-------|-----------|--|------------|--------------|-------|--------------|----------------|--------------|---------|---------|--|--|-------|------------|--|--|------|---|--|--|-----------------------|-------|--|--|-----------------------|--------------|--|--|-----------------------|----|--|--|---------------------------|------------|--|--|------------------------------------|--------------|--|--|--------------|--------------|--|--|---------------------------------------|--------------|--|--|--------------------------------------|--------------|--|--|--------------------------------------|--------------|--|--|--------------------------------------|--------------|--|--|
| INTERSECTION OF ATLANTIC AVE + (Continued) | | S102221740 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Local Authority Notification Date 3: Not reported Status at Spill: SPILL DUE TO LEAKING VEHICLE. CLEANUP IN PROGRESS BY FD. Comments: Not reported | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NJ Spill: <table border="0"> <tr> <td>Facility ID:</td> <td>18858</td> <td>Case Number:</td> <td>95-11-26-2155-10</td> </tr> <tr> <td>Date Received:</td> <td>11/26/1995</td> <td>Operator:</td> <td>ROB</td> </tr> <tr> <td>Location:</td> <td>Other</td> <td>Nature of Incident:</td> <td>Municipal</td> </tr> <tr> <td>Facility Phone:</td> <td>Not reported</td> <td>Facility Type:</td> <td>Residential</td> </tr> <tr> <td>Date of Incident:</td> <td>11/26/1995</td> <td>Time of Incident:</td> <td>21:23</td> </tr> <tr> <td>Substance(s):</td> <td>OIL MOTOR</td> <td></td> <td></td> </tr> <tr> <td>Substance Type:</td> <td>Liquid</td> <td>Substance Identity:</td> <td>Known</td> </tr> <tr> <td>A310 Letter:</td> <td>No</td> <td>TCPA Chemical:</td> <td>No</td> </tr> <tr> <td>Hazrds Material:</td> <td>Yes</td> <td>CAS Number:</td> <td>Not reported</td> </tr> <tr> <td>COMU:</td> <td>0408</td> <td>Ref. Code:</td> <td>101</td> </tr> <tr> <td>Amnt Released:</td> <td>8 QTS</td> <td>Release VE:</td> <td>Estimate</td> </tr> <tr> <td>Release Type:</td> <td>Terminated</td> <td>Contained:</td> <td>Yes</td> </tr> <tr> <td>Injuries:</td> <td>No</td> <td>Facility Evacuation:</td> <td>No</td> </tr> <tr> <td>Public Exposure:</td> <td>No</td> <td>Public Evacuation:</td> <td>No</td> </tr> <tr> <td>Police at Scene:</td> <td>No</td> <td>Firemen at Scene:</td> <td>Yes</td> </tr> <tr> <td>Contamination of:</td> <td>Land</td> <td>Receiving Water:</td> <td>NONE</td> </tr> <tr> <td>Caller:</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Name:</td> <td>OPR. # 20 EXT 6200</td> <td>Title:</td> <td>CAMDEN CNTY COMM.</td> </tr> <tr> <td>Address:</td> <td>FOR CAMDEN, NJ</td> <td></td> <td></td> </tr> <tr> <td>Phone:</td> <td>609-783-4808</td> <td></td> <td></td> </tr> <tr> <td>Responsible Party:</td> <td></td> <td>Company:</td> <td>Not reported</td> </tr> <tr> <td>Name:</td> <td>UnKnown</td> <td>Title:</td> <td>Not reported</td> </tr> <tr> <td>Contact:</td> <td>Not reported</td> <td></td> <td></td> </tr> <tr> <td>Address:</td> <td>Not reported</td> <td>Phone:</td> <td>Not reported</td> </tr> <tr> <td>County:</td> <td>Not reported</td> <td>Title:</td> <td>Not reported</td> </tr> <tr> <td>NJ Spill:</td> <td></td> <td>Time:</td> <td>Not reported</td> </tr> <tr> <td>Name:</td> <td>Not reported</td> <td>Title:</td> <td>Not reported</td> </tr> <tr> <td>Phone:</td> <td>Not reported</td> <td></td> <td></td> </tr> <tr> <td>Date:</td> <td>Not reported</td> <td>Time:</td> <td>Not reported</td> </tr> <tr> <td>Local Municipality:</td> <td></td> <td>Title:</td> <td>Not reported</td> </tr> <tr> <td>Name:</td> <td>Not reported</td> <td>Time:</td> <td>Not reported</td> </tr> <tr> <td>Phone:</td> <td>Not reported</td> <td>Title:</td> <td>Not reported</td> </tr> <tr> <td>Date:</td> <td>Not reported</td> <td>Time:</td> <td>Not reported</td> </tr> <tr> <td>Other:</td> <td></td> <td>Title:</td> <td>Not reported</td> </tr> <tr> <td>Name:</td> <td>Not reported</td> <td>Time:</td> <td>Not reported</td> </tr> <tr> <td>Phone:</td> <td>Not reported</td> <td></td> <td></td> </tr> <tr> <td>Date:</td> <td>Not reported</td> <td>Referred To:</td> <td>DRPSR</td> </tr> <tr> <td>Incident:</td> <td></td> <td>Telephone:</td> <td>Faxed,Mailed</td> </tr> <tr> <td>Name:</td> <td>Not reported</td> <td>Incident Time:</td> <td>Not reported</td> </tr> <tr> <td>Region:</td> <td>BFO-CAS</td> <td></td> <td></td> </tr> <tr> <td>Date:</td> <td>11/26/1995</td> <td></td> <td></td> </tr> <tr> <td>ITM:</td> <td>B</td> <td></td> <td></td> </tr> <tr> <td>Incident Description:</td> <td>Spill</td> <td></td> <td></td> </tr> <tr> <td>Wind Direction/Speed:</td> <td>Not reported</td> <td></td> <td></td> </tr> <tr> <td>Assistance Requested:</td> <td>No</td> <td></td> <td></td> </tr> <tr> <td>Date A310 Letter Printed:</td> <td>11/26/1995</td> <td></td> <td></td> </tr> <tr> <td>Date Local Authority Was Notified:</td> <td>Not reported</td> <td></td> <td></td> </tr> <tr> <td>Date Update:</td> <td>Not reported</td> <td></td> <td></td> </tr> <tr> <td>Date Report Faxed to Local Authority:</td> <td>Not reported</td> <td></td> <td></td> </tr> <tr> <td>Local Authority Notification Date 1:</td> <td>Not reported</td> <td></td> <td></td> </tr> <tr> <td>Local Authority Notification Date 2:</td> <td>Not reported</td> <td></td> <td></td> </tr> <tr> <td>Local Authority Notification Date 3:</td> <td>Not reported</td> <td></td> <td></td> </tr> </table> | | | Facility ID: | 18858 | Case Number: | 95-11-26-2155-10 | Date Received: | 11/26/1995 | Operator: | ROB | Location: | Other | Nature of Incident: | Municipal | Facility Phone: | Not reported | Facility Type: | Residential | Date of Incident: | 11/26/1995 | Time of Incident: | 21:23 | Substance(s): | OIL MOTOR | | | Substance Type: | Liquid | Substance Identity: | Known | A310 Letter: | No | TCPA Chemical: | No | Hazrds Material: | Yes | CAS Number: | Not reported | COMU: | 0408 | Ref. Code: | 101 | Amnt Released: | 8 QTS | Release VE: | Estimate | Release Type: | Terminated | Contained: | Yes | Injuries: | No | Facility Evacuation: | No | Public Exposure: | No | Public Evacuation: | No | Police at Scene: | No | Firemen at Scene: | Yes | Contamination of: | Land | Receiving Water: | NONE | Caller: | | | | Name: | OPR. # 20 EXT 6200 | Title: | CAMDEN CNTY COMM. | Address: | FOR CAMDEN, NJ | | | Phone: | 609-783-4808 | | | Responsible Party: | | Company: | Not reported | Name: | UnKnown | Title: | Not reported | Contact: | Not reported | | | Address: | Not reported | Phone: | Not reported | County: | Not reported | Title: | Not reported | NJ Spill: | | Time: | Not reported | Name: | Not reported | Title: | Not reported | Phone: | Not reported | | | Date: | Not reported | Time: | Not reported | Local Municipality: | | Title: | Not reported | Name: | Not reported | Time: | Not reported | Phone: | Not reported | Title: | Not reported | Date: | Not reported | Time: | Not reported | Other: | | Title: | Not reported | Name: | Not reported | Time: | Not reported | Phone: | Not reported | | | Date: | Not reported | Referred To: | DRPSR | Incident: | | Telephone: | Faxed,Mailed | Name: | Not reported | Incident Time: | Not reported | Region: | BFO-CAS | | | Date: | 11/26/1995 | | | ITM: | B | | | Incident Description: | Spill | | | Wind Direction/Speed: | Not reported | | | Assistance Requested: | No | | | Date A310 Letter Printed: | 11/26/1995 | | | Date Local Authority Was Notified: | Not reported | | | Date Update: | Not reported | | | Date Report Faxed to Local Authority: | Not reported | | | Local Authority Notification Date 1: | Not reported | | | Local Authority Notification Date 2: | Not reported | | | Local Authority Notification Date 3: | Not reported | | |
| Facility ID: | 18858 | Case Number: | 95-11-26-2155-10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date Received: | 11/26/1995 | Operator: | ROB | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Location: | Other | Nature of Incident: | Municipal | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Facility Phone: | Not reported | Facility Type: | Residential | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date of Incident: | 11/26/1995 | Time of Incident: | 21:23 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Substance(s): | OIL MOTOR | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Substance Type: | Liquid | Substance Identity: | Known | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| A310 Letter: | No | TCPA Chemical: | No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Hazrds Material: | Yes | CAS Number: | Not reported | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COMU: | 0408 | Ref. Code: | 101 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Amnt Released: | 8 QTS | Release VE: | Estimate | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Release Type: | Terminated | Contained: | Yes | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Injuries: | No | Facility Evacuation: | No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Public Exposure: | No | Public Evacuation: | No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Police at Scene: | No | Firemen at Scene: | Yes | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Contamination of: | Land | Receiving Water: | NONE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Caller: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name: | OPR. # 20 EXT 6200 | Title: | CAMDEN CNTY COMM. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Address: | FOR CAMDEN, NJ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Phone: | 609-783-4808 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Responsible Party: | | Company: | Not reported | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name: | UnKnown | Title: | Not reported | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Contact: | Not reported | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Address: | Not reported | Phone: | Not reported | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| County: | Not reported | Title: | Not reported | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NJ Spill: | | Time: | Not reported | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name: | Not reported | Title: | Not reported | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Phone: | Not reported | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date: | Not reported | Time: | Not reported | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Local Municipality: | | Title: | Not reported | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name: | Not reported | Time: | Not reported | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Phone: | Not reported | Title: | Not reported | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date: | Not reported | Time: | Not reported | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other: | | Title: | Not reported | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name: | Not reported | Time: | Not reported | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Phone: | Not reported | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date: | Not reported | Referred To: | DRPSR | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Incident: | | Telephone: | Faxed,Mailed | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name: | Not reported | Incident Time: | Not reported | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Region: | BFO-CAS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date: | 11/26/1995 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ITM: | B | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Incident Description: | Spill | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Wind Direction/Speed: | Not reported | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Assistance Requested: | No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date A310 Letter Printed: | 11/26/1995 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date Local Authority Was Notified: | Not reported | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date Update: | Not reported | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date Report Faxed to Local Authority: | Not reported | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Local Authority Notification Date 1: | Not reported | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Local Authority Notification Date 2: | Not reported | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Local Authority Notification Date 3: | Not reported | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

DETAILED ORPHAN LISTING

| Site | Database(s) | EDR ID Number EPA ID Number |
|--|-------------|--------------------------------|
| INTERSECTION OF ATLANTIC AVE + (Continued) | | S102221740 |

Status at Spill: SPILL DUE TO LEAKING VEHICLE. CLEANUP IN PROGRESS BY FD.
Comments: Not reported

SUNOCO STATION 2150 ADM WILSON BLVD CAMDEN, NJ

NJ Release S102208197
NJ Spills N/A

NJ Release:

Facility ID: 15304
Date Received: 08/23/1994
Location: Facility
Facility Phone: Not reported
Date of Incident: 08/23/1994
Substance(s): GASOLINE
Substance Type: Liquid
A310 Letter: Yes
Hazrds Material: Yes
COMU: 0408
Amnt Released: UNK
Release Type: Terminated
Injuries: No
Public Exposure: No
Police at Scene: No
Contamination of: Land

Case Number: 94-8-23-1648-28
Operator: JIMH
Nature of Incident: Other
Facility Type: Commercial
Time of Incident: Not reported

Substance Identity: Known
TCPA Chemical: No
CAS Number: Not reported
Ref. Code: 101
Release VE: Not reported
Contained: No
Facility Evacuation: No
Public Evacuation: No
Firemen at Scene: No
Receiving Water: Not reported

Caller:

Name: MR. VANDERSLICE
Address: Not reported
Telephone: 908-919-0100

Title: GES

Responsible Party:

Name: Known
Contact: Not reported
Address: 2150 ADM WILSON BLVD
CAMDEN, NJ
County: CAMDEN

Company: SUNOCO STATION
Title: Not reported

Telephone: Not reported

NJ Spill:

Name: Not reported
Telephone: Not reported
Date: Not reported

Title: Not reported

Time: Not reported

Local Municipality:

Name: CAMDEN CITY
Telephone: 609-757-7400
Date: 08/23/1994

Municipality Title: OPER 760

Time: 16:52

Other:

Name: Not reported
Telephone: Not reported
Date: Not reported

Title: Not reported

Time: Not reported

Incident:

Name: Not reported
Region: BFO-CAS
Date: 08/23/1994
ITM: B

Referred To: DRPSR
Telephone: Faxed, Mailed
Incident Time: Not reported

Incident Description:

U.S.T.

Wind Direction/Speed: Not reported

Assistance Requested: No

Date A310 Letter Printed: 08/23/1994

Date Local Authority Was Notified: Not reported

Date Update: Not reported

Date Report Faxed to Local Authority: 08/23/1994

DETAILED ORPHAN LISTING

| Site | Database(s) | EDR ID Number EPA ID Number |
|---------------------------------------|------------------------------------|--------------------------------|
| SUNOCO STATION (Continued) | | S102208197 |
| Local Authority Notification Date 1: | Not reported | |
| Local Authority Notification Date 2: | Not reported | |
| Local Authority Notification Date 3: | Not reported | |
| Status at Spill: | REMOVAL OF 1-10,000 GALLON TANK | |
| Comments: | Not reported | |
| NJ Spill: | | |
| Facility ID: | 15304 | Case Number: 94-8-23-1648-28 |
| Date Received: | 08/23/1994 | Operator: JIMH |
| Location: | Facility | Nature of Incident: Other |
| Facility Phone: | Not reported | Facility Type: Commercial |
| Date of Incident: | 08/23/1994 | Time of Incident: Not reported |
| Substance(s): | GASOLINE | |
| Substance Type: | Liquid | Substance Identity: Known |
| A310 Letter: | Yes | TCPA Chemical: No |
| Hazrds Material: | Yes | CAS Number: Not reported |
| COMU: | 0408 | Ref. Code: 101 |
| Amnt Released: | UNK | Release VE: Not reported |
| Release Type: | Terminated | Contained: No |
| Injuries: | No | Facility Evacuation: No |
| Public Exposure: | No | Public Evacuation: No |
| Police at Scene: | No | Firemen at Scene: No |
| Contamination of: | Land | Receiving Water: Not reported |
| Caller: | | |
| Name: | MR. VANDERSLICE | Title: GES |
| Address: | Not reported | |
| Phone: | 908-919-0100 | |
| Responsible Party: | | |
| Name: | Known | Company: SUNOCO STATION |
| Contact: | Not reported | Title: Not reported |
| Address: | 2150 ADM WILSON BLVD CAMDEN, NJ | |
| County: | CAMDEN | Phone: Not reported |
| NJ Spill: | | |
| Name: | Not reported | Title: Not reported |
| Phone: | Not reported | |
| Date: | Not reported | Time: Not reported |
| Local Municipality: | | |
| Name: | CAMDEN CITY | Title: OPER 760 |
| Phone: | 609-757-7400 | |
| Date: | 08/23/1994 | Time: 16:52 |
| Other: | | |
| Name: | Not reported | Title: Not reported |
| Phone: | Not reported | |
| Date: | Not reported | Time: Not reported |
| Incident: | | |
| Name: | Not reported | Referred To: DRPSR |
| Region: | BFO-CAS | Telephone: Faxed,Mailed |
| Date: | 08/23/1994 | Incident Time: Not reported |
| ITM: | B | |
| Incident Description: | U.S.T. | |
| Wind Direction/Speed: | Not reported | |
| Assistance Requested: | No | |
| Date A310 Letter Printed: | 08/23/1994 | |
| Date Local Authority Was Notified: | Not reported | |
| Date Update: | Not reported | |
| Date Report Faxed to Local Authority: | 08/23/1994 | |

DETAILED ORPHAN LISTING

| Site | Database(s) | EDR ID Number EPA ID Number |
|---|------------------------------------|--------------------------------|
| SUNOCO STATION (Continued) | | S102208197 |
| Local Authority Notification Date 1: | Not reported | |
| Local Authority Notification Date 2: | Not reported | |
| Local Authority Notification Date 3: | Not reported | |
| Status at Spill: | REMOVAL OF 1-10,000 GALLON TANK. | |
| Comments: | Not reported | |
| AMOCO STATION 1901 ADM WILSON BLVD CAMDEN, NJ | NJ Release NJ Spills | S102193940 N/A |
| NJ Release: | | |
| Facility ID: | 7885 | Case Number: 93-5-13-0849-34 |
| Date Received: | 05/13/1993 | Operator: JIMH |
| Location: | Facility | Nature of Incident: Other |
| Facility Phone: | Not reported | Facility Type: Commercial |
| Date of Incident: | 05/11/1993 | Time of Incident: Not reported |
| Substance(s): | KEROSENE | |
| Substance Type: | Liquid | Substance Identity: Known |
| A310 Letter: | Yes | TCPA Chemical: No |
| Hazrds Material: | Yes | CAS Number: 8008206 |
| COMU: | 0408 | Ref. Code: 101 |
| Amnt Released: | UNK | Release VE: Not reported |
| Release Type: | Terminated | Contained: Yes |
| Injuries: | No | Facility Evacuation: No |
| Public Exposure: | No | Public Evacuation: No |
| Police at Scene: | No | Firemen at Scene: Yes |
| Contamination of: | Land | Receiving Water: Not reported |
| Caller: | | |
| Name: | MR.COMAS | Title: WASTE CONCEPTS |
| Address: | Not reported | |
| Telephone: | 215-278-6902 | |
| Responsible Party: | | |
| Name: | Known | Company: AMOCO STATION |
| Contact: | Not reported | Title: Not reported |
| Address: | 1901 ADM WILSON BLVD CAMDEN, NJ | |
| County: | CAMDEN | Telephone: Not reported |
| NJ Spill: | | |
| Name: | Not reported | Title: Not reported |
| Telephone: | Not reported | |
| Date: | Not reported | Time: Not reported |
| Local Municipality: | | |
| Name: | CAMDEN CITY | Municipality Title: OPER 775 |
| Telephone: | 609-757-7400 | |
| Date: | 05/13/1993 | Time: 08:53 |
| Other: | | |
| Name: | Not reported | Title: Not reported |
| Telephone: | Not reported | |
| Date: | Not reported | Time: Not reported |
| Incident: | | |
| Name: | Not reported | Referred To: DRPSR |
| Region: | BFO-SA | Telephone: Faxed,Mailed |
| Date: | 05/13/1993 | Incident Time: Not reported |
| ITM: | B | |
| Incident Description: | L.U.S.T. | |
| Wind Direction/Speed: | Not reported | |
| Assistance Requested: | No | |
| Date A310 Letter Printed: | Not reported | |

DETAILED ORPHAN LISTING

| Site | Database(s) | EDR ID Number EPA ID Number |
|--|--|--------------------------------|
| AMOCO STATION (Continued) | | S102193940 |
| Date Local Authority Was Notified: Not reported Date Update: Not reported Date Report Faxed to Local Authority: Not reported Local Authority Notification Date 1: Not reported Local Authority Notification Date 2: Not reported Local Authority Notification Date 3: Not reported Status at Spill: REMOVAL OF 1-4,000 GALLON TANK Comments: Not reported | | |
| NJ Spill: Facility ID: 7885 Date Received: 05/13/1993 Location: Facility Facility Phone: Not reported Date of Incident: 05/11/1993 Substance(s): KEROSENE Substance Type: Liquid A310 Letter: Yes Hazrds Material: Yes COMU: 0408 Amnt Released: UNK Release Type: Terminated Injuries: No Public Exposure: No Police at Scene: No Contamination of: Land Caller: Name: MR.COMAS Address: Not reported Phone: 215-278-6902 Responsible Party: Name: Known Contact: Not reported Address: 1901 ADM WILSON BLVD CAMDEN, NJ County: CAMDEN NJ Spill: Name: Not reported Phone: Not reported Date: Not reported Local Municipality: Name: CAMDEN CITY Phone: 609-757-7400 Date: 05/13/1993 Other: Name: Not reported Phone: Not reported Date: Not reported Incident: Name: Not reported Region: BFO-SA Date: 05/13/1993 ITM: B Incident Description: L.U.S.T. Wind Direction/Speed: Not reported Assistance Requested: No Date A310 Letter Printed: Not reported | Case Number: 93-5-13-0849-34 Operator: JIMH Nature of Incident: Other Facility Type: Commercial Time of Incident: Not reported Substance Identity: Known TCPA Chemical: No CAS Number: 8008206 Ref. Code: 101 Release VE: Not reported Contained: Yes Facility Evacuation: No Public Evacuation: No Firemen at Scene: Yes Receiving Water: Not reported Title: WASTE CONCEPTS Company: AMOCO STATION Title: Not reported Phone: Not reported Title: Not reported Time: Not reported Title: OPER 775 Time: 08:53 Title: Not reported Time: Not reported Referred To: DRPSR Telephone: Faxed,Mailed Incident Time: Not reported | |

DETAILED ORPHAN LISTING

| Site | Database(s) | EDR ID Number EPA ID Number |
|--|--|--------------------------------|
| <hr/> | | |
| AMOCO STATION (Continued) | | S102193940 |
| Date Local Authority Was Notified: Not reported Date Update: Not reported Date Report Faxed to Local Authority: Not reported Local Authority Notification Date 1: Not reported Local Authority Notification Date 2: Not reported Local Authority Notification Date 3: Not reported Status at Spill: REMOVAL OF 1-4,000 GALLON TANK Comments: Not reported | | |
| <hr/> | | |
| NORTH GATE ONE APTS 15TH FLOOR 7TH AVE / LINDEN CAMDEN, NJ | NJ Release NJ Spills | S102220457 N/A |
| NJ Release: Facility ID: 16396 Date Received: 10/13/1995 Location: Other Facility Phone: Not reported Date of Incident: 10/13/1995 Substance(s): PESTICIDE, LIQUID Substance Type: Liquid A310 Letter: No Hazrds Material: Yes COMU: 0408 Amnt Released: UNKNOWN Release Type: Terminated Injuries: Yes Public Exposure: Yes Police at Scene: Yes Contamination of: Land,Air Caller: Name: OPR 7 Address: FOR CAMDEN CITY PD, NJ Telephone: 609-783-4808 Responsible Party: Name: UnKnown Contact: Not reported Address: Not reported County: Not reported NJ Spill: Name: OEM Telephone: 609-882-2000 Date: 10/13/1995 Local Municipality: Name: Not reported Telephone: Not reported Date: Not reported Other: Name: POISON CNTRL Telephone: FAXED Date: 19951013 Incident: Name: G.MCCREARY Region: ER2 Date: 10/13/1995 ITM: B Name: Not reported Region: Pesticides | Case Number: 95-10-13-1402-26 Operator: JULIE1 Nature of Incident: Municipal Facility Type: Residential Time of Incident: 13:14 Substance Identity: Suspected TCPA Chemical: No CAS Number: Not reported Ref. Code: 002 Release VE: Not reported Contained: Unknown Facility Evacuation: No Public Evacuation: Yes Firemen at Scene: Yes Receiving Water: NONE Title: CAMDEN CNTY COMM Company: Not reported Title: Not reported Telephone: Not reported Title: SGT SORCHIK Time: 14:09 Municipality Title: Not reported Time: Not reported Title: Not reported Time: Not reported Referred To: DRPSR Telephone: Office,Faxed Incident Time: 14:06 Referred To: ESHA Telephone: Faxed | |

DETAILED ORPHAN LISTING

| Site | Database(s) | EDR ID Number EPA ID Number |
|---|-------------------------------|--------------------------------|
| NORTH GATE ONE APTS 15TH FLOOR (Continued) | | S102220457 |
| Date: 10/13/1995 | Incident Time: Not reported | |
| ITM: T | | |
| Incident Description: IMPROPER APPLICATION | | |
| Wind Direction/Speed: Not reported | | |
| Assistance Requested: No | | |
| Date A310 Letter Printed: Not reported | | |
| Date Local Authority Was Notified: Not reported | | |
| Date Update: Not reported | | |
| Date Report Faxed to Local Authority: Not reported | | |
| Local Authority Notification Date 1: Not reported | | |
| Local Authority Notification Date 2: Not reported | | |
| Local Authority Notification Date 3: Not reported | | |
| Status at Spill: MATERIAL APPLIED CAUSING WORKER & CITIZEN TO BECOME ILL DUE TO INHALATION. UNK NUMBER RESIDENCE EVAC FROM 15TH FLOOR.HAZ-MAT ENROUTE | | |
| Comments: Not reported | | |
| NJ Spill: | | |
| Facility ID: 16396 | Case Number: 95-10-13-1402-26 | |
| Date Received: 10/13/1995 | Operator: JULIE1 | |
| Location: Other | Nature of Incident: Municipal | |
| Facility Phone: Not reported | Facility Type: Residential | |
| Date of Incident: 10/13/1995 | Time of Incident: 13:14 | |
| Substance(s): PESTICIDE, LIQUID | | |
| Substance Type: Liquid | Substance Identity: Suspected | |
| A310 Letter: No | TCPA Chemical: No | |
| Hazrds Material: Yes | CAS Number: Not reported | |
| COMU: 0408 | Ref. Code: 002 | |
| Amnt Released: UNKNOWN | Release VE: Not reported | |
| Release Type: Terminated | Contained: Unknown | |
| Injuries: Yes | Facility Evacuation: No | |
| Public Exposure: Yes | Public Evacuation: Yes | |
| Police at Scene: Yes | Firemen at Scene: Yes | |
| Contamination of: Land,Air | Receiving Water: NONE | |
| Caller: | | |
| Name: OPR 7 | Title: CAMDEN CNTY COMM | |
| Address: FOR CAMDEN CITY PD, NJ | | |
| Phone: 609-783-4808 | | |
| Responsible Party: | | |
| Name: UnKnown | Company: Not reported | |
| Contact: Not reported | Title: Not reported | |
| Address: Not reported | | |
| County: Not reported | Phone: Not reported | |
| NJ Spill: | | |
| Name: OEM | Title: SGT SORCHIK | |
| Phone: 609-882-2000 | | |
| Date: 10/13/1995 | Time: 14:09 | |
| Local Municipality: | | |
| Name: Not reported | Title: Not reported | |
| Phone: Not reported | | |
| Date: Not reported | Time: Not reported | |
| Other: | | |
| Name: POISON CNTRL | Title: Not reported | |
| Phone: FAXED | | |
| Date: 19951013 | Time: Not reported | |
| Incident: | | |
| Name: G.MCCREARY | Referred To: DRPSR | |
| Region: ER2 | Telephone: Office,Faxed | |

DETAILED ORPHAN LISTING

| Site | Database(s) | EDR ID Number EPA ID Number |
|---|-----------------------------|--------------------------------|
| NORTH GATE ONE APTS 15TH FLOOR (Continued) | | S102220457 |
| Date: 10/13/1995 | Incident Time: 14:06 | |
| ITM: B | | |
| Name: Not reported | Referred To: ESHA | |
| Region: Pesticides | Telephone: Not reported | |
| Date: 10/13/1995 | Incident Time: Not reported | |
| ITM: T | | |
| Name: Not reported | Referred To: ESHA | |
| Region: Not reported | Telephone: Not reported | |
| Date: Not reported | Incident Time: Not reported | |
| ITM: Not reported | | |
| Incident Description: Air Release | | |
| Wind Direction/Speed: Not reported | | |
| Assistance Requested: No | | |
| Date A310 Letter Printed: Not reported | | |
| Date Local Authority Was Notified: Not reported | | |
| Date Update: Not reported | | |
| Date Report Faxed to Local Authority: Not reported | | |
| Local Authority Notification Date 1: Not reported | | |
| Local Authority Notification Date 2: Not reported | | |
| Local Authority Notification Date 3: Not reported | | |
| Status at Spill: MATERIAL APPLIED CAUSING WORKER & CITIZEN TO BECOME ILL DUE TO INHALATION. UNK NUMBER RESIDENCE EVAC FROM 15TH FLOOR.HAZ-MAT ENROUTE | | |
| Comments: Not reported | | |

AT THE INTERSECTION OF BAIRD BLVD-PARK AVE CAMDEN, NJ

NJ Release S102209658
NJ Spills N/A

NJ Release:

Facility ID: 18302
Date Received: 10/11/1994
Location: Other
Facility Phone: Not reported
Date of Incident: 10/07/1994
Substance(s): DIESEL FUEL
Substance Type: Liquid
A310 Letter: Yes
Hazrds Material: Yes
COMU: 0408
Amnt Released: 10 GAL
Release Type: Terminated
Injuries: No
Public Exposure: No
Police at Scene: No
Contamination of: Land
Caller:
Name: JOHN HILL
Address: 1490 SOUTH WEST BLVD
VINELAND, NJ
Telephone: 609-692-3979
Responsible Party:
Name: Known
Contact: JOHN HILL
Address: 1490 SOUTH WEST BLVD
VINELAND, NJ
County: CUMBERLAND
NJ Spill:
Name: Not reported

Case Number: 94-10-11-1554-38
Operator: DIANNE
Nature of Incident: Facility
Facility Type: Residential
Time of Incident: 16:00

Substance Identity: Known
TCPA Chemical: No
CAS Number: Not reported
Ref. Code: 101
Release VE: Estimate
Contained: Yes
Facility Evacuation: No
Public Evacuation: No
Firemen at Scene: No
Receiving Water: Not reported

Title: WASTE MANAGEMENT

Company: WASTE MANAGEMENT
Title: OPR. MNGR.

Telephone: 609-692-3970

Title: Not reported

DETAILED ORPHAN LISTING

| Site | Database(s) | EDR ID Number EPA ID Number |
|------|-------------|--------------------------------|
|------|-------------|--------------------------------|

AT THE INTERSECTION OF (Continued)

S102209658

| | | | |
|---------------------|--------------|---------------------|--------------|
| Telephone: | Not reported | Time: | Not reported |
| Date: | Not reported | | |
| Local Municipality: | | Municipality Title: | OPR. #770 |
| Name: | CAMDEN CITY | | |
| Telephone: | 609-757-7400 | Time: | 16:13 |
| Date: | 10/11/1994 | | |
| Other: | | Title: | Not reported |
| Name: | Not reported | Time: | Not reported |
| Telephone: | Not reported | | |
| Date: | Not reported | Referred To: | DRPSR |
| Incident: | | Telephone: | Faxed,Mailed |
| Name: | Not reported | Incident Time: | Not reported |
| Region: | BFO-CAS | | |
| Date: | 10/11/1994 | | |
| ITM: | B | | |

Incident Description: Spill
 Wind Direction/Speed: Not reported
 Assistance Requested: No
 Date A310 Letter Printed: 10/11/1994
 Date Local Authority Was Notified: Not reported
 Date Update: Not reported
 Date Report Faxed to Local Authority: Not reported
 Local Authority Notification Date 1: Not reported
 Local Authority Notification Date 2: Not reported
 Local Authority Notification Date 3: Not reported
 Status at Spill: DRIVE SHAFT BROKE ON VEHICLE CAUSING FUEL TANK TO RUPTURE. CLEAN UP DONE BY WASTE MANAGEMENT.
 Comments: Not reported

NJ Spill:

| | | | |
|--------------------|--------------------------------------|----------------------|------------------|
| Facility ID: | 18302 | Case Number: | 94-10-11-1554-38 |
| Date Received: | 10/11/1994 | Operator: | DIANNE |
| Location: | Other | Nature of Incident: | Facility |
| Facility Phone: | Not reported | Facility Type: | Residential |
| Date of Incident: | 10/07/1994 | Time of Incident: | 16:00 |
| Substance(s): | DIESEL FUEL | Substance Identity: | Known |
| Substance Type: | Liquid | TCPA Chemical: | No |
| A310 Letter: | Yes | CAS Number: | Not reported |
| Hazrds Material: | Yes | Ref. Code: | 101 |
| COMU: | 0408 | Release VE: | Estimate |
| Amnt Released: | 10 GAL | Contained: | Yes |
| Release Type: | Terminated | Facility Evacuation: | No |
| Injuries: | No | Public Evacuation: | No |
| Public Exposure: | No | Firemen at Scene: | No |
| Police at Scene: | No | Receiving Water: | Not reported |
| Contamination of: | Land | | |
| Caller: | | Title: | WASTE MANAGEMENT |
| Name: | JOHN HILL | | |
| Address: | 1490 SOUTH WEST BLVD VINELAND, NJ | Company: | WASTE MANAGEMENT |
| Phone: | 609-692-3979 | Title: | OPR. MNGR. |
| Responsible Party: | | | |
| Name: | Known | Phone: | 609-692-3970 |
| Contact: | JOHN HILL | | |
| Address: | 1490 SOUTH WEST BLVD VINELAND, NJ | | |
| County: | CUMBERLAND | | |

DETAILED ORPHAN LISTING

| | | |
|-------------|--------------------|--|
| Site | Database(s) | EDR ID Number EPA ID Number |
|-------------|--------------------|--|

AT THE INTERSECTION OF (Continued)

S102209658

| | | | |
|--|---|-----------------------|---------------|
| NJ Spill: | | Title: | Not reported |
| Name: | Not reported | Time: | Not reported |
| Phone: | Not reported | | |
| Date: | Not reported | | |
| Local Municipality: | | Title: | OPR. #770 |
| Name: | CAMDEN CITY | Time: | 16:13 |
| Phone: | 609-757-7400 | | |
| Date: | 10/11/1994 | | |
| Other: | | Title: | Not reported |
| Name: | Not reported | Time: | Not reported |
| Phone: | Not reported | | |
| Date: | Not reported | | |
| Incident: | | Referred To: | DRPSR |
| Name: | Not reported | Telephone: | Faxed, Mailed |
| Region: | BFO-CAS | Incident Time: | Not reported |
| Date: | 10/11/1994 | | |
| ITM: | B | | |
| Incident Description: | Spill | | |
| Wind Direction/Speed: | Not reported | | |
| Assistance Requested: | No | | |
| Date A310 Letter Printed: | 10/11/1994 | | |
| Date Local Authority Was Notified: | Not reported | | |
| Date Update: | Not reported | | |
| Date Report Faxed to Local Authority: | Not reported | | |
| Local Authority Notification Date 1: | Not reported | | |
| Local Authority Notification Date 2: | Not reported | | |
| Local Authority Notification Date 3: | Not reported | | |
| Status at Spill: | DRIVE SHAFT BROKE ON VEHICLE CAUSING FUEL TANK TO RUPTURE. CLEAN UP DONE BY WASTE MANAGEMENT. | | |
| Comments: | Not reported | | |

**SOUTH JERSEY PORT CORP. BECKETT STREET TERMINAL
BECKETT ST / FRONT ST
CAMDEN, NJ**

LUST

**S104005975
N/A**

LUST:

| | |
|---------------------------------------|-------------------------------------|
| Facility ID: | 89-10-26-1354 |
| Facility Status: | Assigned to a Program |
| UST ID: | 0182405 |
| Lead Program Assigned to Case: | Bureau of Underground Storage Tanks |
| TMS Number: | C91-1180;C91-1688 |
| Remedial Level: | B |
| Case Manager: | TEN |
| Web Data Case Manager: | Not reported |

**RESIDENCE
3293 BEIDEMEN AVE
CAMDEN, NJ**

**NJ Release
NJ Spills**

**S102204513
N/A**

| | | | |
|--------------------------|--------------|----------------------------|----------------|
| NJ Release: | | Case Number: | 94-5-5-1323-21 |
| Facility ID: | 7669 | Operator: | RICH |
| Date Received: | 05/05/1994 | Nature of Incident: | Citizen |
| Location: | Other | Facility Type: | Residential |
| Facility Phone: | Not reported | Time of Incident: | 15:00 |
| Date of Incident: | 05/04/1994 | | |
| Substance(s): | OIL FUEL #2 | Substance Identity: | Known |
| Substance Type: | Liquid | TCPA Chemical: | No |
| A310 Letter: | Yes | | |

DETAILED ORPHAN LISTING

| Site | Database(s) | EDR ID Number EPA ID Number |
|---|--|--------------------------------|
| RESIDENCE (Continued) | | S102204513 |
| <p>Hazrds Material: Yes</p> <p>COMU: 0408</p> <p>Amnt Released: UNKNOWN</p> <p>Release Type: Terminated</p> <p>Injuries: No</p> <p>Public Exposure: Yes</p> <p>Police at Scene: No</p> <p>Contamination of: Land</p> <p>Caller:</p> <p>Name: ANONYMOUS</p> <p>Address: Not reported</p> <p>Telephone: Not reported</p> <p>Responsible Party:</p> <p>Name: UnKnown</p> <p>Contact: Not reported</p> <p>Address: Not reported</p> <p>County: Not reported</p> <p>NJ Spill:</p> <p>Name: Not reported</p> <p>Telephone: Not reported</p> <p>Date: Not reported</p> <p>Local Municipality:</p> <p>Name: CAMDEN CITY</p> <p>Telephone: 609-757-7400</p> <p>Date: 05/05/1994</p> <p>Other:</p> <p>Name: Not reported</p> <p>Telephone: Not reported</p> <p>Date: Not reported</p> <p>Incident:</p> <p>Name: Not reported</p> <p>Region: BFO-CAS</p> <p>Date: 05/05/1994</p> <p>ITM: B</p> <p>Incident Description: Illegal Dumping</p> <p>Wind Direction/Speed: Not reported</p> <p>Assistance Requested: No</p> <p>Date A310 Letter Printed: 05/05/1994</p> <p>Date Local Authority Was Notified: Not reported</p> <p>Date Update: Not reported</p> <p>Date Report Faxed to Local Authority: 05/05/1994</p> <p>Local Authority Notification Date 1: Not reported</p> <p>Local Authority Notification Date 2: Not reported</p> <p>Local Authority Notification Date 3: Not reported</p> <p>Status at Spill: RESIDENT REMOVED OIL TANK FROM BASEMENT & DUMPED REMAINING CONTENTS ON GROUND IN BACK YARD, ODORS STILL IN AREA</p> <p>Comments: CAMDEN PD CALLED BACK AND CHANGED ADDRESS TO 3293 PELHAM PL PER OPER 716-REB</p> | <p>CAS Number: Not reported</p> <p>Ref. Code: 101</p> <p>Release VE: Not reported</p> <p>Contained: No</p> <p>Facility Evacuation: No</p> <p>Public Evacuation: No</p> <p>Firemen at Scene: No</p> <p>Receiving Water: Not reported</p> <p>Title: Not reported</p> <p>Company: Not reported</p> <p>Title: Not reported</p> <p>Telephone: Not reported</p> <p>Title: Not reported</p> <p>Time: Not reported</p> <p>Municipality Title: OPER 754</p> <p>Time: 13:25</p> <p>Title: Not reported</p> <p>Time: Not reported</p> <p>Referred To: DRPSR</p> <p>Telephone: Faxed,Mailed</p> <p>Incident Time: Not reported</p> | |
| <p>NJ Spill:</p> <p>Facility ID: 7669</p> <p>Date Received: 05/05/1994</p> <p>Location: Other</p> <p>Facility Phone: Not reported</p> <p>Date of Incident: 05/04/1994</p> <p>Substance(s): OIL FUEL #2</p> <p>Substance Type: Liquid</p> | <p>Case Number: 94-5-5-1323-21</p> <p>Operator: RICH</p> <p>Nature of Incident: Citizen</p> <p>Facility Type: Residential</p> <p>Time of Incident: 15:00</p> <p>Substance Identity: Known</p> | |

DETAILED ORPHAN LISTING

| Site | Database(s) | EDR ID Number EPA ID Number |
|--|-------------------------------|--------------------------------|
| RESIDENCE (Continued) | | S102204513 |
| A310 Letter: Yes | TCPA Chemical: No | |
| Hazrds Material: Yes | CAS Number: Not reported | |
| COMU: 0408 | Ref. Code: 101 | |
| Amnt Released: UNKNOWN | Release VE: Not reported | |
| Release Type: Terminated | Contained: No | |
| Injuries: No | Facility Evacuation: No | |
| Public Exposure: Yes | Public Evacuation: No | |
| Police at Scene: No | Firemen at Scene: No | |
| Contamination of: Land | Receiving Water: Not reported | |
| Caller: | | |
| Name: ANONYMOUS | Title: Not reported | |
| Address: Not reported | | |
| Phone: Not reported | | |
| Responsible Party: | | |
| Name: Unknown | Company: Not reported | |
| Contact: Not reported | Title: Not reported | |
| Address: Not reported | | |
| County: Not reported | Phone: Not reported | |
| NJ Spill: | | |
| Name: Not reported | Title: Not reported | |
| Phone: Not reported | | |
| Date: Not reported | Time: Not reported | |
| Local Municipality: | | |
| Name: CAMDEN CITY | Title: OPER 754 | |
| Phone: 609-757-7400 | | |
| Date: 05/05/1994 | Time: 13:25 | |
| Other: | | |
| Name: Not reported | Title: Not reported | |
| Phone: Not reported | | |
| Date: Not reported | Time: Not reported | |
| Incident: | | |
| Name: Not reported | Referred To: DRPSR | |
| Region: BFO-CAS | Telephone: Faxed,Mailed | |
| Date: 05/05/1994 | Incident Time: Not reported | |
| ITM: B | | |
| Incident Description: Illegal Dumping | | |
| Wind Direction/Speed: Not reported | | |
| Assistance Requested: No | | |
| Date A310 Letter Printed: 05/05/1994 | | |
| Date Local Authority Was Notified: Not reported | | |
| Date Update: Not reported | | |
| Date Report Faxed to Local Authority: 05/05/1994 | | |
| Local Authority Notification Date 1: Not reported | | |
| Local Authority Notification Date 2: Not reported | | |
| Local Authority Notification Date 3: Not reported | | |
| Status at Spill: RESIDENT REMOVED OIL TANK FROM BASEMENT & DUMPED REMAINING CONTENTS ON GROUND IN BACK YARD, ODORS STILL IN AREA | | |
| Comments: CAMDEN PD CALLED BACK AND CHANGED ADDRESS TO 3293 PELHAM PL PER OPER 716-REB | | |

ON ROADWAY ON 32ND ST
AT BERGEN AVE
CAMDEN, NJ

NJ Release S102190262
NJ Spills N/A

NJ Release:
Facility ID: 447
Date Received: 01/11/1993
Location: Other

Case Number: 93-1-11-0829-59
Operator: RICH
Nature of Incident: Other

DETAILED ORPHAN LISTING

| Site | Database(s) | EDR ID Number EPA ID Number |
|---|--|--------------------------------|
| ON ROADWAY ON 32ND ST (Continued) | | S102190262 |
| <p>Facility Phone: Not reported</p> <p>Date of Incident: 01/11/1993</p> <p>Substance(s): OIL HYDRAULIC</p> <p>Substance Type: Liquid</p> <p>A310 Letter: Yes</p> <p>Hazrds Material: Yes</p> <p>COMU: 0408</p> <p>Amnt Released: 4-5 GAL</p> <p>Release Type: Terminated</p> <p>Injuries: No</p> <p>Public Exposure: No</p> <p>Police at Scene: No</p> <p>Contamination of: Land</p> <p>Caller:</p> <p>Name: CHRIS BOYLE</p> <p>Address: 1001 FAIRVIEW ST CAMDEN, NJ</p> <p>Telephone: 609-541-2751</p> <p>Responsible Party:</p> <p>Name: Known</p> <p>Contact: CHRIS BOYLE</p> <p>Address: 1001 FAIRVIEW ST CAMDEN, NJ</p> <p>County: CAMDEN</p> <p>NJ Spill:</p> <p>Name: Not reported</p> <p>Telephone: Not reported</p> <p>Date: Not reported</p> <p>Local Municipality:</p> <p>Name: CAMDEN CITY</p> <p>Telephone: 609-757-7400</p> <p>Date: 01/11/1993</p> <p>Other:</p> <p>Name: Not reported</p> <p>Telephone: Not reported</p> <p>Date: Not reported</p> <p>Incident:</p> <p>Name: Not reported</p> <p>Region: BFO-SA</p> <p>Date: 01/11/1993</p> <p>ITM: B</p> <p>Incident Description: Spill</p> <p>Wind Direction/Speed: Not reported</p> <p>Assistance Requested: No</p> <p>Date A310 Letter Printed: Not reported</p> <p>Date Local Authority Was Notified: Not reported</p> <p>Date Update: Not reported</p> <p>Date Report Faxed to Local Authority: Not reported</p> <p>Local Authority Notification Date 1: Not reported</p> <p>Local Authority Notification Date 2: Not reported</p> <p>Local Authority Notification Date 3: Not reported</p> <p>Status at Spill: SPILL ON ROAD DUE TO LEAKING HOSE, CLEANED UP WITH 2 BAGS OF SPEEDI-DRI</p> <p>Comments: Not reported</p> | <p>Facility Type: Residential</p> <p>Time of Incident: 07:45</p> <p>Substance Identity: Known</p> <p>TCPA Chemical: No</p> <p>CAS Number: Not reported</p> <p>Ref. Code: 101</p> <p>Release VE: Estimate</p> <p>Contained: Yes</p> <p>Facility Evacuation: No</p> <p>Public Evacuation: No</p> <p>Firemen at Scene: No</p> <p>Receiving Water: Not reported</p> <p>Title: O'CONNOR CORP</p> <p>Company: O'CONNOR CORP</p> <p>Title: SUPERVISOR</p> <p>Telephone: 609-541-2751</p> <p>Title: Not reported</p> <p>Time: Not reported</p> <p>Municipality Title: OPER 754</p> <p>Time: 08:38</p> <p>Title: Not reported</p> <p>Time: Not reported</p> <p>Referred To: DRPSR</p> <p>Telephone: Faxed, Mailed</p> <p>Incident Time: 08:38</p> | |
| <p>NJ Spill:</p> <p>Facility ID: 447</p> | <p>Case Number: 93-1-11-0829-59</p> | |

DETAILED ORPHAN LISTING

Site

Database(s)

EDR ID Number

EPA ID Number

ON ROADWAY ON 32ND ST (Continued)

S102190262

Date Received: 01/11/1993
 Location: Other
 Facility Phone: Not reported
 Date of Incident: 01/11/1993
 Substance(s): OIL HYDRAULIC
 Substance Type: Liquid
 A310 Letter: Yes
 Hazrds Material: Yes
 COMU: 0408
 Amnt Released: 4-5 GAL
 Release Type: Terminated
 Injuries: No
 Public Exposure: No
 Police at Scene: No
 Contamination of: Land

Operator: RICH
 Nature of Incident: Other
 Facility Type: Residential
 Time of Incident: 07:45

Substance Identity: Known
 TCPA Chemical: No
 CAS Number: Not reported
 Ref. Code: 101
 Release VE: Estimate
 Contained: Yes
 Facility Evacuation: No
 Public Evacuation: No
 Firemen at Scene: No
 Receiving Water: Not reported

Caller:
 Name: CHRIS BOYLE
 Address: 1001 FAIRVIEW ST
 CAMDEN, NJ
 Phone: 609-541-2751

Title: O'CONNOR CORP

Responsible Party:
 Name: Known
 Contact: CHRIS BOYLE
 Address: 1001 FAIRVIEW ST
 CAMDEN, NJ
 County: CAMDEN

Company: O'CONNOR CORP
 Title: SUPERVISOR

Phone: 609-541-2751

NJ Spill:
 Name: Not reported
 Phone: Not reported
 Date: Not reported

Title: Not reported

Time: Not reported

Local Municipality:
 Name: CAMDEN CITY
 Phone: 609-757-7400
 Date: 01/11/1993

Title: OPER 754

Time: 08:38

Other:
 Name: Not reported
 Phone: Not reported
 Date: Not reported

Title: Not reported

Time: Not reported

Incident:
 Name: Not reported
 Region: BFO-SA
 Date: 01/11/1993
 ITM: B

Referred To: DRPSR
 Telephone: Faxed,Mailed
 Incident Time: 08:38

Incident Description: Spill
 Wind Direction/Speed: Not reported
 Assistance Requested: No
 Date A310 Letter Printed: Not reported
 Date Local Authority Was Notified: Not reported
 Date Update: Not reported
 Date Report Faxed to Local Authority: Not reported
 Local Authority Notification Date 1: Not reported
 Local Authority Notification Date 2: Not reported
 Local Authority Notification Date 3: Not reported

Status at Spill: SPILL ON ROAD DUE TO LEAKING HOSE, CLEANED UP WITH 2 BAGS OF SPEEDI-DRI

Comments: Not reported

DETAILED ORPHAN LISTING

| Site | Database(s) | EDR ID Number EPA ID Number |
|---|---------------------------------|--------------------------------|
| AREA OF 1200 BLOCK FRONT ST CAMDEN, NJ | NJ Release NJ Spills | S102216585 N/A |
| NJ Release: | | |
| Facility ID: 9032 | Case Number: 95-6-14-0952-46 | |
| Date Received: 06/14/1995 | Operator: JIMH | |
| Location: Other | Nature of Incident: Other | |
| Facility Phone: Not reported | Facility Type: Industrial | |
| Date of Incident: 06/14/1995 | Time of Incident: 09:52 | |
| Substance(s): UNKNOWN LIQUID | | |
| Substance Type: Liquid | Substance Identity: Unknown | |
| A310 Letter: Yes | TCPA Chemical: Unknown | |
| Hazrds Material: Unknown | CAS Number: Not reported | |
| COMU: 0408 | Ref. Code: 002 | |
| Amnt Released: UNK | Release VE: Not reported | |
| Release Type: Continuous | Contained: No | |
| Injuries: No | Facility Evacuation: No | |
| Public Exposure: No | Public Evacuation: No | |
| Police at Scene: Yes | Firemen at Scene: Yes | |
| Contamination of: Land | Receiving Water: Not reported | |
| Caller: | | |
| Name: VINCE BARBER | Title: CAMDEN CNTY HD | |
| Address: Not reported | | |
| Telephone: 609-374-6049 | | |
| Responsible Party: | | |
| Name: UnKnown | Company: Not reported | |
| Contact: Not reported | Title: Not reported | |
| Address: Not reported | | |
| County: Not reported | Telephone: Not reported | |
| NJ Spill: | | |
| Name: Not reported | Title: Not reported | |
| Telephone: Not reported | | |
| Date: Not reported | Time: Not reported | |
| Local Municipality: | | |
| Name: CAMDEN CITY | Municipality Title: OPER 703 | |
| Telephone: 609-757-7400 | | |
| Date: 06/14/1995 | Time: 09:58 | |
| Other: | | |
| Name: Not reported | Title: Not reported | |
| Telephone: Not reported | | |
| Date: Not reported | Time: Not reported | |
| Incident: | | |
| Name: C. HAGERMAN | Referred To: DRPSR | |
| Region: ER2 | Telephone: Faxed, Mailed | |
| Date: 06/14/1995 | Incident Time: 09:55 | |
| ITM: B | | |
| Incident Description: Abandoned Containers, Spil | | |
| Wind Direction/Speed: Not reported | | |
| Assistance Requested: No | | |
| Date A310 Letter Printed: 06/14/1995 | | |
| Date Local Authority Was Notified: Not reported | | |
| Date Update: Not reported | | |
| Date Report Faxed to Local Authority: 06/14/1995 | | |
| Local Authority Notification Date 1: Not reported | | |
| Local Authority Notification Date 2: Not reported | | |
| Local Authority Notification Date 3: Not reported | | |
| Status at Spill: FOUND 5 CONTAINERS WITH SOME SPILLAGE. HD WILL HANDLE PROBLEM. | | |
| Comments: Not reported | | |

DETAILED ORPHAN LISTING

| Site | Database(s) | EDR ID Number | EPA ID Number |
|--|-------------|---------------|---------------|
| AREA OF (Continued) | | S102216585 | |
| <p>NJ Spill:</p> <p>Facility ID: 9032 Case Number: 95-6-14-0952-46</p> <p>Date Received: 06/14/1995 Operator: JIMH</p> <p>Location: Other Nature of Incident: Other</p> <p>Facility Phone: Not reported Facility Type: Industrial</p> <p>Date of Incident: 06/14/1995 Time of Incident: 09:52</p> <p>Substance(s): UNKNOWN LIQUID</p> <p>Substance Type: Liquid Substance Identity: Unknown</p> <p>A310 Letter: Yes TCPA Chemical: Unknown</p> <p>Hazrds Material: Unknown CAS Number: Not reported</p> <p>COMU: 0408 Ref. Code: 002</p> <p>Amnt Released: UNK Release VE: Not reported</p> <p>Release Type: Continuous Contained: No</p> <p>Injuries: No Facility Evacuation: No</p> <p>Public Exposure: No Public Evacuation: No</p> <p>Police at Scene: Yes Firemen at Scene: Yes</p> <p>Contamination of: Land Receiving Water: Not reported</p> <p>Caller:</p> <p>Name: VINCE BARBER Title: CAMDEN CNTY HD</p> <p>Address: Not reported</p> <p>Phone: 609-374-6049</p> <p>Responsible Party:</p> <p>Name: UnKnown Company: Not reported</p> <p>Contact: Not reported Title: Not reported</p> <p>Address: Not reported</p> <p>County: Not reported Phone: Not reported</p> <p>NJ Spill:</p> <p>Name: Not reported Title: Not reported</p> <p>Phone: Not reported Time: Not reported</p> <p>Date: Not reported</p> <p>Local Municipality:</p> <p>Name: CAMDEN CITY Title: OPER 703</p> <p>Phone: 609-757-7400 Time: 09:58</p> <p>Date: 06/14/1995</p> <p>Other:</p> <p>Name: Not reported Title: Not reported</p> <p>Phone: Not reported Time: Not reported</p> <p>Date: Not reported</p> <p>Incident:</p> <p>Name: C. HAGERMAN Referred To: DRPSR</p> <p>Region: ER2 Telephone: Faxed,Mailed</p> <p>Date: 06/14/1995 Incident Time: 09:55</p> <p>ITM: B</p> <p>Incident Description: Abandoned Containers,Spil</p> <p>Wind Direction/Speed: Not reported</p> <p>Assistance Requested: No</p> <p>Date A310 Letter Printed: 06/14/1995</p> <p>Date Local Authority Was Notified: Not reported</p> <p>Date Update: Not reported</p> <p>Date Report Faxed to Local Authority: 06/14/1995</p> <p>Local Authority Notification Date 1: Not reported</p> <p>Local Authority Notification Date 2: Not reported</p> <p>Local Authority Notification Date 3: Not reported</p> <p>Status at Spill: FOUND 5 CONTAINERS WITH SOME SPILLAGE. HD WILL HANDLE PROBLEM.</p> <p>Comments: Not reported</p> | | | |

DETAILED ORPHAN LISTING

| Site | Database(s) | EDR ID Number EPA ID Number |
|---|---------------------------------|--------------------------------|
| CAMDEN CITY METERING STATION BLOCK 232 LOT 26 CAMDEN, NJ | NJ Release NJ Spills | S102487697 N/A |
| <div> <div> <p>NJ Release:</p> <p>Facility ID: 17124</p> <p>Date Received: 10/23/1996</p> <p>Location: Other</p> <p>Facility Phone: Not reported</p> <p>Date of Incident: 10/23/1996</p> <p>Substance(s): MERCURY POLYCHLORINATED BIPHENYLS</p> <p>Substance Type: Liquid</p> <p>A310 Letter: Yes</p> <p>Hazrds Material: Yes</p> <p>COMU: 0408</p> <p>Amnt Released: UNK</p> <p>Release Type: Terminated</p> <p>Injuries: No</p> <p>Public Exposure: No</p> <p>Police at Scene: No</p> <p>Contamination of: Land</p> <p>Caller:</p> <p>Name: CHRIS R ALBERS</p> <p>Address: 2800 POST OAK RD HOUSTON, TX</p> <p>Telephone: 713-439-2000</p> <p>Responsible Party:</p> <p>Name: Known</p> <p>Contact: CHRIS R ALBERS</p> <p>Address: 2800 POST OAK RD HOUSTON, TX</p> <p>County: Not reported</p> <p>NJ Spill:</p> <p>Name: Not reported</p> <p>Telephone: Not reported</p> <p>Date: Not reported</p> <p>Local Municipality:</p> <p>Name: CAMDEN CITY</p> <p>Telephone: 609-757-7400</p> <p>Date: 10/23/1996</p> <p>Other:</p> <p>Name: Not reported</p> <p>Telephone: Not reported</p> <p>Date: Not reported</p> <p>Incident:</p> <p>Name: Not reported</p> <p>Region: BFO-CAS</p> <p>Date: 10/23/1996</p> <p>ITM: B</p> <p>Incident Description: Spill</p> <p>Wind Direction/Speed: Not reported</p> <p>Assistance Requested: No</p> <p>Date A310 Letter Printed: Not reported</p> <p>Date Local Authority Was Notified: Not reported</p> <p>Date Update: Not reported</p> <p>Date Report Faxed to Local Authority: Not reported</p> <p>Local Authority Notification Date 1: Not reported</p> <p>Local Authority Notification Date 2: Not reported</p> </div> <div> <p>Case Number: 96-10-23-1334-01</p> <p>Operator: JOEG</p> <p>Nature of Incident: Facility</p> <p>Facility Type: Not reported</p> <p>Time of Incident: Not reported</p> <p>Substance Identity: Known</p> <p>TCPA Chemical: No</p> <p>CAS Number: 1336363</p> <p>Ref. Code: 101</p> <p>Release VE: Not reported</p> <p>Contained: Unknown</p> <p>Facility Evacuation: No</p> <p>Public Evacuation: No</p> <p>Firemen at Scene: No</p> <p>Receiving Water: Not reported</p> <p>Title: TRANSCO PIPELINE</p> <p>Company: TRANSCO PIPELINE</p> <p>Title: ENV ENG</p> <p>Telephone: 713-439-2000</p> <p>Title: Not reported</p> <p>Time: Not reported</p> <p>Municipality Title: OPER #6</p> <p>Time: 13:49</p> <p>Title: Not reported</p> <p>Time: Not reported</p> <p>Referred To: DRPSR</p> <p>Telephone: Not reported</p> <p>Incident Time: Not reported</p> </div> </div> | | |

DETAILED ORPHAN LISTING

| Site | Database(s) | EDR ID Number EPA ID Number | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--------------------------------------|--------------------------------|------------------|-------|--------------|------------------|----------------|------------|-----------|------|-----------|-------|---------------------|----------|-----------------|--------------|----------------|--------------|-------------------|------------|-------------------|--------------|---------------|--------------------------------------|--|--|-----------------|--------|---------------------|-------|--------------|-----|----------------|----|------------------|-----|-------------|---------|-------|------|------------|-----|----------------|-----|-------------|--------------|---------------|------------|------------|---------|-----------|----|----------------------|----|------------------|----|--------------------|----|------------------|----|-------------------|----|-------------------|------|------------------|--------------|---------|--|--|--|-------|----------------|--------|------------------|----------|---------------------------------|--|--|--------|--------------|--|--|--------------------|--|--|--|-------|-------|----------|------------------|----------|----------------|--------|---------|----------|---------------------------------|--|--|---------|--------------|--------|--------------|------------------|--|--|--|-------|--------------|--------|--------------|--------|--------------|--|--|-------|--------------|-------|--------------|----------------------------|--|--|--|-------|--------------|--------|--------------|--------|--------------|--|--|-------|--------------|-------|-------|---------------|--|--|--|-------|--------------|--------|--------------|--------|--------------|--|--|-------|--------------|-------|--------------|------------------|--|--|--|-------|--------------|--------------|--------------|---------|--------------|------------|--------------|-------|--------------|----------------|--------------|------|--------------|--|--|-----------------------|-------|--|--|-----------------------|--------------|--|--|-----------------------|----|--|--|---------------------------|--------------|--|--|------------------------------------|--------------|--|--|
| CAMDEN CITY METERING STATION (Continued) | | S102487697 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>Local Authority Notification Date 3: Not reported</p> <p>Status at Spill: SITE INVESTIGATION DISCOVERED ABOVE CONTAMINANTS. RP CONDUCTING SITE INVESTIGATION/REMEDIAL MEASURES-HISTORICAL DISCHARGE.</p> <p>Comments: INCIDENT RECIEVED VIA LETTER VIA CAS. 33 TOTAL SITES, EACH SITE ASSIGNED SPEERATE CASE NUMBER. SEE 10-14-96 LETTER FROM RP. JG</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>NJ Spill:</p> <table border="0"> <tr> <td>Facility ID:</td> <td>17124</td> <td>Case Number:</td> <td>96-10-23-1334-01</td> </tr> <tr> <td>Date Received:</td> <td>10/23/1996</td> <td>Operator:</td> <td>JOEG</td> </tr> <tr> <td>Location:</td> <td>Other</td> <td>Nature of Incident:</td> <td>Facility</td> </tr> <tr> <td>Facility Phone:</td> <td>Not reported</td> <td>Facility Type:</td> <td>Not reported</td> </tr> <tr> <td>Date of Incident:</td> <td>10/23/1996</td> <td>Time of Incident:</td> <td>Not reported</td> </tr> <tr> <td>Substance(s):</td> <td>MERCURY POLYCHLORINATED BIPHENYLS</td> <td></td> <td></td> </tr> <tr> <td>Substance Type:</td> <td>Liquid</td> <td>Substance Identity:</td> <td>Known</td> </tr> <tr> <td>A310 Letter:</td> <td>Yes</td> <td>TCPA Chemical:</td> <td>No</td> </tr> <tr> <td>Hazrds Material:</td> <td>Yes</td> <td>CAS Number:</td> <td>1336363</td> </tr> <tr> <td>COMU:</td> <td>0408</td> <td>Ref. Code:</td> <td>101</td> </tr> <tr> <td>Amnt Released:</td> <td>UNK</td> <td>Release VE:</td> <td>Not reported</td> </tr> <tr> <td>Release Type:</td> <td>Terminated</td> <td>Contained:</td> <td>Unknown</td> </tr> <tr> <td>Injuries:</td> <td>No</td> <td>Facility Evacuation:</td> <td>No</td> </tr> <tr> <td>Public Exposure:</td> <td>No</td> <td>Public Evacuation:</td> <td>No</td> </tr> <tr> <td>Police at Scene:</td> <td>No</td> <td>Firemen at Scene:</td> <td>No</td> </tr> <tr> <td>Contamination of:</td> <td>Land</td> <td>Receiving Water:</td> <td>Not reported</td> </tr> <tr> <td>Caller:</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Name:</td> <td>CHRIS R ALBERS</td> <td>Title:</td> <td>TRANSCO PIPELINE</td> </tr> <tr> <td>Address:</td> <td>2800 POST OAK RD HOUSTON, TX</td> <td></td> <td></td> </tr> <tr> <td>Phone:</td> <td>713-439-2000</td> <td></td> <td></td> </tr> <tr> <td>Responsible Party:</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Name:</td> <td>Known</td> <td>Company:</td> <td>TRANSCO PIPELINE</td> </tr> <tr> <td>Contact:</td> <td>CHRIS R ALBERS</td> <td>Title:</td> <td>ENV ENG</td> </tr> <tr> <td>Address:</td> <td>2800 POST OAK RD HOUSTON, TX</td> <td></td> <td></td> </tr> <tr> <td>County:</td> <td>Not reported</td> <td>Phone:</td> <td>713-439-2000</td> </tr> <tr> <td>NJ Spill:</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Name:</td> <td>Not reported</td> <td>Title:</td> <td>Not reported</td> </tr> <tr> <td>Phone:</td> <td>Not reported</td> <td></td> <td></td> </tr> <tr> <td>Date:</td> <td>Not reported</td> <td>Time:</td> <td>Not reported</td> </tr> <tr> <td>Local Municipality:</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Name:</td> <td>Not reported</td> <td>Title:</td> <td>Not reported</td> </tr> <tr> <td>Phone:</td> <td>Not reported</td> <td></td> <td></td> </tr> <tr> <td>Date:</td> <td>Not reported</td> <td>Time:</td> <td>13:49</td> </tr> <tr> <td>Other:</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Name:</td> <td>Not reported</td> <td>Title:</td> <td>Not reported</td> </tr> <tr> <td>Phone:</td> <td>Not reported</td> <td></td> <td></td> </tr> <tr> <td>Date:</td> <td>Not reported</td> <td>Time:</td> <td>Not reported</td> </tr> <tr> <td>Incident:</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Name:</td> <td>Not reported</td> <td>Referred To:</td> <td>Not reported</td> </tr> <tr> <td>Region:</td> <td>Not reported</td> <td>Telephone:</td> <td>Not reported</td> </tr> <tr> <td>Date:</td> <td>Not reported</td> <td>Incident Time:</td> <td>Not reported</td> </tr> <tr> <td>ITM:</td> <td>Not reported</td> <td></td> <td></td> </tr> <tr> <td>Incident Description:</td> <td>Spill</td> <td></td> <td></td> </tr> <tr> <td>Wind Direction/Speed:</td> <td>Not reported</td> <td></td> <td></td> </tr> <tr> <td>Assistance Requested:</td> <td>No</td> <td></td> <td></td> </tr> <tr> <td>Date A310 Letter Printed:</td> <td>Not reported</td> <td></td> <td></td> </tr> <tr> <td>Date Local Authority Was Notified:</td> <td>Not reported</td> <td></td> <td></td> </tr> </table> | | | Facility ID: | 17124 | Case Number: | 96-10-23-1334-01 | Date Received: | 10/23/1996 | Operator: | JOEG | Location: | Other | Nature of Incident: | Facility | Facility Phone: | Not reported | Facility Type: | Not reported | Date of Incident: | 10/23/1996 | Time of Incident: | Not reported | Substance(s): | MERCURY POLYCHLORINATED BIPHENYLS | | | Substance Type: | Liquid | Substance Identity: | Known | A310 Letter: | Yes | TCPA Chemical: | No | Hazrds Material: | Yes | CAS Number: | 1336363 | COMU: | 0408 | Ref. Code: | 101 | Amnt Released: | UNK | Release VE: | Not reported | Release Type: | Terminated | Contained: | Unknown | Injuries: | No | Facility Evacuation: | No | Public Exposure: | No | Public Evacuation: | No | Police at Scene: | No | Firemen at Scene: | No | Contamination of: | Land | Receiving Water: | Not reported | Caller: | | | | Name: | CHRIS R ALBERS | Title: | TRANSCO PIPELINE | Address: | 2800 POST OAK RD HOUSTON, TX | | | Phone: | 713-439-2000 | | | Responsible Party: | | | | Name: | Known | Company: | TRANSCO PIPELINE | Contact: | CHRIS R ALBERS | Title: | ENV ENG | Address: | 2800 POST OAK RD HOUSTON, TX | | | County: | Not reported | Phone: | 713-439-2000 | NJ Spill: | | | | Name: | Not reported | Title: | Not reported | Phone: | Not reported | | | Date: | Not reported | Time: | Not reported | Local Municipality: | | | | Name: | Not reported | Title: | Not reported | Phone: | Not reported | | | Date: | Not reported | Time: | 13:49 | Other: | | | | Name: | Not reported | Title: | Not reported | Phone: | Not reported | | | Date: | Not reported | Time: | Not reported | Incident: | | | | Name: | Not reported | Referred To: | Not reported | Region: | Not reported | Telephone: | Not reported | Date: | Not reported | Incident Time: | Not reported | ITM: | Not reported | | | Incident Description: | Spill | | | Wind Direction/Speed: | Not reported | | | Assistance Requested: | No | | | Date A310 Letter Printed: | Not reported | | | Date Local Authority Was Notified: | Not reported | | |
| Facility ID: | 17124 | Case Number: | 96-10-23-1334-01 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date Received: | 10/23/1996 | Operator: | JOEG | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Location: | Other | Nature of Incident: | Facility | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Facility Phone: | Not reported | Facility Type: | Not reported | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date of Incident: | 10/23/1996 | Time of Incident: | Not reported | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Substance(s): | MERCURY POLYCHLORINATED BIPHENYLS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Substance Type: | Liquid | Substance Identity: | Known | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| A310 Letter: | Yes | TCPA Chemical: | No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Hazrds Material: | Yes | CAS Number: | 1336363 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COMU: | 0408 | Ref. Code: | 101 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Amnt Released: | UNK | Release VE: | Not reported | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Release Type: | Terminated | Contained: | Unknown | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Injuries: | No | Facility Evacuation: | No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Public Exposure: | No | Public Evacuation: | No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Police at Scene: | No | Firemen at Scene: | No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Contamination of: | Land | Receiving Water: | Not reported | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Caller: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name: | CHRIS R ALBERS | Title: | TRANSCO PIPELINE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Address: | 2800 POST OAK RD HOUSTON, TX | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Phone: | 713-439-2000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Responsible Party: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name: | Known | Company: | TRANSCO PIPELINE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Contact: | CHRIS R ALBERS | Title: | ENV ENG | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Address: | 2800 POST OAK RD HOUSTON, TX | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| County: | Not reported | Phone: | 713-439-2000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NJ Spill: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name: | Not reported | Title: | Not reported | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Phone: | Not reported | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date: | Not reported | Time: | Not reported | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Local Municipality: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name: | Not reported | Title: | Not reported | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Phone: | Not reported | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date: | Not reported | Time: | 13:49 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name: | Not reported | Title: | Not reported | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Phone: | Not reported | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date: | Not reported | Time: | Not reported | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Incident: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name: | Not reported | Referred To: | Not reported | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Region: | Not reported | Telephone: | Not reported | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date: | Not reported | Incident Time: | Not reported | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ITM: | Not reported | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Incident Description: | Spill | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Wind Direction/Speed: | Not reported | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Assistance Requested: | No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date A310 Letter Printed: | Not reported | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date Local Authority Was Notified: | Not reported | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

DETAILED ORPHAN LISTING

| Site | Database(s) | EDR ID Number EPA ID Number |
|---|-------------|--------------------------------|
| CAMDEN CITY METERING STATION (Continued) | | S102487697 |
| Date Update: Not reported Date Report Faxed to Local Authority: Not reported Local Authority Notification Date 1: Not reported Local Authority Notification Date 2: Not reported Local Authority Notification Date 3: Not reported Status at Spill: SITE INVESTIGATION DISCOVERED ABOVE CONTAMINANTS. RP CONDUCTING SITE INVESTIGATION/REMEDIAL MEASURES-HISTORICAL DISCHARGE. Comments: INCIDENT RECIEVED VIA LETTER VIA CAS. 33 TOTAL SITES, EACH SITE ASSIGNED SPEERATE CASE NUMBER. SEE 10-14-96 LETTER FROM RP. JG | | |

AREA OF BROADWAY / WASHINGTO CAMDEN, NJ

NJ Release S102196618
NJ Spills N/A

NJ Release:

Facility ID: 13476
Date Received: 08/10/1993
Location: Other
Facility Phone: Not reported
Date of Incident: 08/10/1993
Substance(s): OIL HYDRAULIC
Substance Type: Liquid
A310 Letter: Yes
Hazrds Material: Yes
COMU: 0408
Amnt Released: 8 GALLON
Release Type: Terminated
Injuries: No
Public Exposure: No
Police at Scene: No
Contamination of: Land
Caller:
Name: MR.DOYLE
Address: 1001 FAIRVIEW
CAMDEN, NJ
Telephone: 609-541-2751

Case Number: 93-8-10-0828-38
Operator: JIMH
Nature of Incident: Facility
Facility Type: Residential
Time of Incident: 08:10

Substance Identity: Known
TCPA Chemical: No
CAS Number: Not reported
Ref. Code: 101
Release VE: Estimate
Contained: Yes
Facility Evacuation: No
Public Evacuation: No
Firemen at Scene: No
Receiving Water: Not reported

Title: O'CONNOR CORP

Responsible Party:

Name: Known
Contact: MR.DOYLE
Address: 1001 FAIRVIEW
CAMDEN, NJ
County: CAMDEN

Company: O'CONNOR CORP
Title: SUPERVISOR

Telephone: Not reported

NJ Spill:

Name: Not reported
Telephone: Not reported
Date: Not reported

Title: Not reported

Time: Not reported

Local Municipality:

Name: CAMDEN CITY
Telephone: 609-757-7400
Date: 08/10/1993

Municipality Title: OPER 770

Time: 08:33

Other:

Name: Not reported
Telephone: Not reported
Date: Not reported

Title: Not reported

Time: Not reported

Incident:

Name: Not reported
Region: BFO-SA
Date: 08/10/1993

Referred To: DRPSR
Telephone: Faxed,Mailed
Incident Time: Not reported

DETAILED ORPHAN LISTING

| Site | Database(s) | EDR ID Number EPA ID Number |
|--|---|--------------------------------|
| AREA OF (Continued) | | S102196618 |
| ITM: B Incident Description: Spill Wind Direction/Speed: Not reported Assistance Requested: No Date A310 Letter Printed: 08/10/1993 Date Local Authority Was Notified: Not reported Date Update: Not reported Date Report Faxed to Local Authority: 08/10/1993 Local Authority Notification Date 1: Not reported Local Authority Notification Date 2: Not reported Local Authority Notification Date 3: Not reported Status at Spill: LEAKING HOSE CAUSED SPILL. COMPANY DOING CLEANUP Comments: Not reported | | |
| NJ Spill: Facility ID: 13476 Date Received: 08/10/1993 Location: Other Facility Phone: Not reported Date of Incident: 08/10/1993 Substance(s): OIL HYDRAULIC Substance Type: Liquid A310 Letter: Yes Hazrds Material: Yes COMU: 0408 Amnt Released: 8 GALLON Release Type: Terminated Injuries: No Public Exposure: No Police at Scene: No Contamination of: Land Caller: Name: MR.DOYLE Address: 1001 FAIRVIEW CAMDEN, NJ Phone: 609-541-2751 Responsible Party: Name: Known Contact: MR.DOYLE Address: 1001 FAIRVIEW CAMDEN, NJ County: CAMDEN NJ Spill: Name: Not reported Phone: Not reported Date: Not reported Local Municipality: Name: CAMDEN CITY Phone: 609-757-7400 Date: 08/10/1993 Other: Name: Not reported Phone: Not reported Date: Not reported Incident: Name: Not reported Region: BFO-SA | Case Number: 93-8-10-0828-38 Operator: JIMH Nature of Incident: Facility Facility Type: Residential Time of Incident: 08:10 Substance Identity: Known TCPA Chemical: No CAS Number: Not reported Ref. Code: 101 Release VE: Estimate Contained: Yes Facility Evacuation: No Public Evacuation: No Firemen at Scene: No Receiving Water: Not reported Title: O'CONNOR CORP Company: O'CONNOR CORP Title: SUPERVISOR Phone: Not reported Title: Not reported Time: Not reported Title: OPER 770 Time: 08:33 Title: Not reported Time: Not reported Referred To: DRPSR Telephone: Faxed,Mailed | |

DETAILED ORPHAN LISTING

| Site | Database(s) | EDR ID Number EPA ID Number |
|---|-----------------------------|--------------------------------|
| AREA OF (Continued) | | S102196618 |
| Date: 08/10/1993 | Incident Time: Not reported | |
| ITM: B | | |
| Incident Description: Spill | | |
| Wind Direction/Speed: Not reported | | |
| Assistance Requested: No | | |
| Date A310 Letter Printed: 08/10/1993 | | |
| Date Local Authority Was Notified: Not reported | | |
| Date Update: Not reported | | |
| Date Report Faxed to Local Authority: 08/10/1993 | | |
| Local Authority Notification Date 1: Not reported | | |
| Local Authority Notification Date 2: Not reported | | |
| Local Authority Notification Date 3: Not reported | | |
| Status at Spill: LEAKING HOSE CAUSED SPILL. COMPANY DOING CLEANUP | | |
| Comments: Not reported | | |

| | | |
|---|-------------------------|-------------------|
| ROADWAY BROADWAY+MORGAN BLVD CAMDEN, NJ | NJ Release NJ Spills | S102201947 N/A |
|---|-------------------------|-------------------|

NJ Release:

Facility ID: 2433
 Date Received: 02/15/1994
 Location: Other
 Facility Phone: Not reported
 Date of Incident: 02/15/1994
 Substance(s): DIESEL FUEL
 Substance Type: Liquid
 A310 Letter: No
 Hazrds Material: Yes
 COMU: 0408
 Amnt Released: <10 GAL
 Release Type: Terminated
 Injuries: No
 Public Exposure: Yes
 Police at Scene: Yes
 Contamination of: Land
 Caller:
 Name: CYRUS SAXON
 Address: CAMDEN, NJ
 Telephone: 609-757-7090

Case Number: 94-2-15-2211-14
 Operator: JOYCE
 Nature of Incident: Municipal
 Facility Type: Industrial
 Time of Incident: 19:15

Substance Identity: Known
 TCPA Chemical: No
 CAS Number: Not reported
 Ref. Code: 101
 Release VE: Estimate
 Contained: Yes
 Facility Evacuation: No
 Public Evacuation: No
 Firemen at Scene: Yes
 Receiving Water: Not reported

Title: CAMDEN OEM

Responsible Party:

Name: UnKnown
 Contact: Not reported
 Address: Not reported
 County: Not reported

Company: Not reported
 Title: Not reported
 Telephone: Not reported

NJ Spill:

Name: Not reported
 Telephone: Not reported
 Date: Not reported

Title: Not reported
 Time: Not reported

Local Municipality:

Name: Not reported
 Telephone: Not reported
 Date: Not reported

Municipality Title: Not reported
 Time: Not reported

Other:

Name: Not reported
 Telephone: Not reported
 Date: Not reported

Title: Not reported
 Time: Not reported

Incident:

DETAILED ORPHAN LISTING

| Site | Database(s) | | EDR ID Number |
|---------------------------------------|--|----------------------|-----------------|
| | | | EPA ID Number |
| ROADWAY (Continued) | | | S102201947 |
| Name: | Not reported | Referred To: | DRPSR |
| Region: | BFO-CAS | Telephone: | Faxed,Mailed |
| Date: | 02/15/1994 | Incident Time: | Not reported |
| ITM: | B | | |
| Incident Description: | Spill | | |
| Wind Direction/Speed: | Not reported | | |
| Assistance Requested: | No | | |
| Date A310 Letter Printed: | 02/15/1994 | | |
| Date Local Authority Was Notified: | Not reported | | |
| Date Update: | Not reported | | |
| Date Report Faxed to Local Authority: | Not reported | | |
| Local Authority Notification Date 1: | Not reported | | |
| Local Authority Notification Date 2: | Not reported | | |
| Local Authority Notification Date 3: | Not reported | | |
| Status at Spill: | SPILL IN ROADWAY FROM UNK SOURCE. CLEANUP IN PROGRESS. | | |
| Comments: | Not reported | | |
| NJ Spill: | | | |
| Facility ID: | 2433 | Case Number: | 94-2-15-2211-14 |
| Date Received: | 02/15/1994 | Operator: | JOYCE |
| Location: | Other | Nature of Incident: | Municipal |
| Facility Phone: | Not reported | Facility Type: | Industrial |
| Date of Incident: | 02/15/1994 | Time of Incident: | 19:15 |
| Substance(s): | DIESEL FUEL | | |
| Substance Type: | Liquid | Substance Identity: | Known |
| A310 Letter: | No | TCPA Chemical: | No |
| Hazrds Material: | Yes | CAS Number: | Not reported |
| COMU: | 0408 | Ref. Code: | 101 |
| Amnt Released: | <10 GAL | Release VE: | Estimate |
| Release Type: | Terminated | Contained: | Yes |
| Injuries: | No | Facility Evacuation: | No |
| Public Exposure: | Yes | Public Evacuation: | No |
| Police at Scene: | Yes | Firemen at Scene: | Yes |
| Contamination of: | Land | Receiving Water: | Not reported |
| Caller: | | | |
| Name: | CYRUS SAXON | Title: | CAMDEN OEM |
| Address: | CAMDEN, NJ | | |
| Phone: | 609-757-7090 | | |
| Responsible Party: | | | |
| Name: | UnKnown | Company: | Not reported |
| Contact: | Not reported | Title: | Not reported |
| Address: | Not reported | | |
| County: | Not reported | Phone: | Not reported |
| NJ Spill: | | | |
| Name: | Not reported | Title: | Not reported |
| Phone: | Not reported | | |
| Date: | Not reported | Time: | Not reported |
| Local Municipality: | | | |
| Name: | Not reported | Title: | Not reported |
| Phone: | Not reported | | |
| Date: | Not reported | Time: | Not reported |
| Other: | | | |
| Name: | Not reported | Title: | Not reported |
| Phone: | Not reported | | |
| Date: | Not reported | Time: | Not reported |
| Incident: | | | |
| Name: | Not reported | Referred To: | DRPSR |

DETAILED ORPHAN LISTING

| Site | Database(s) | EDR ID Number | EPA ID Number |
|---|-----------------------------------|---------------|-------------------|
| ROADWAY (Continued) | | S102201947 | |
| Region: BFO-CAS | Telephone: Faxed, Mailed | | |
| Date: 02/15/1994 | Incident Time: Not reported | | |
| ITM: B | | | |
| Incident Description: Spill | | | |
| Wind Direction/Speed: Not reported | | | |
| Assistance Requested: No | | | |
| Date A310 Letter Printed: 02/15/1994 | | | |
| Date Local Authority Was Notified: Not reported | | | |
| Date Update: Not reported | | | |
| Date Report Faxed to Local Authority: Not reported | | | |
| Local Authority Notification Date 1: Not reported | | | |
| Local Authority Notification Date 2: Not reported | | | |
| Local Authority Notification Date 3: Not reported | | | |
| Status at Spill: SPILL IN ROADWAY FROM UNK SOURCE. CLEANUP IN PROGRESS. | | | |
| Comments: Not reported | | | |
| AREA OF 5TH / BYRON STS CAMDEN, NJ | | NJ Spills | S103903787 N/A |
| NJ Spill: | | | |
| Facility ID: 43294.0000 | Case Number: 99-05-19-1129-56 | | |
| Date Received: Not reported | Operator: JIMH | | |
| Location: Not reported | Nature of Incident: Not reported | | |
| Facility Phone: Not reported | Facility Type: Commercial | | |
| Date of Incident: Not reported | Time of Incident: Not reported | | |
| Substance(s): Not reported | | | |
| Substance Type: Not reported | Substance Identity: Not reported | | |
| A310 Letter: Not reported | TCPA Chemical: Not reported | | |
| Hazrds Material: Not reported | CAS Number: Not reported | | |
| COMU: 0408 | Ref. Code: 002 | | |
| Amnt Released: Not reported | Release VE: Not reported | | |
| Release Type: Not reported | Contained: Not reported | | |
| Injuries: No | Facility Evacuation: Not reported | | |
| Public Exposure: Not reported | Public Evacuation: Not reported | | |
| Police at Scene: Not reported | Firemen at Scene: Not reported | | |
| Contamination of: Not reported | Receiving Water: Not reported | | |
| Caller: | | | |
| Name: OPER 432 | Title: CAMEN FD | | |
| Address: Not reported | | | |
| Phone: 609-757-7400 | | | |
| Responsible Party: | | | |
| Name: Unknown | Company: Not reported | | |
| Contact: Not reported | Title: Not reported | | |
| Address: Not reported | | | |
| County: Not reported | Phone: Not reported | | |
| NJ Spill: | | | |
| Name: Not reported | Title: Not reported | | |
| Phone: Not reported | | | |
| Date: Not reported | Time: Not reported | | |
| Local Municipality: | | | |
| Name: Not reported | Title: Not reported | | |
| Phone: Not reported | | | |
| Date: Not reported | Time: Not reported | | |
| Other: | | | |
| Name: Not reported | Title: Not reported | | |
| Phone: Not reported | | | |
| Date: Not reported | Time: Not reported | | |

DETAILED ORPHAN LISTING

| Site | Database(s) | EDR ID Number EPA ID Number |
|------|-------------|--------------------------------|
|------|-------------|--------------------------------|

AREA OF (Continued)

S103903787

| | | |
|---------------------------------------|--------------|-----------------------------|
| Incident: | | |
| Name: | Not reported | Referred To: Not reported |
| Region: | Not reported | Telephone: Not reported |
| Date: | Not reported | Incident Time: Not reported |
| ITM: | Not reported | |
| Incident Description: | Not reported | |
| Wind Direction/Speed: | Not reported | |
| Assistance Requested: | No | |
| Date A310 Letter Printed: | Not reported | |
| Date Local Authority Was Notified: | Not reported | |
| Date Update: | Not reported | |
| Date Report Faxed to Local Authority: | Not reported | |
| Local Authority Notification Date 1: | Not reported | |
| Local Authority Notification Date 2: | Not reported | |
| Local Authority Notification Date 3: | Not reported | |
| Status at Spill: | Not reported | |
| Comments: | Not reported | |

CONRAIL PROPERTY CHELTON AVE CAMDEN, NJ

SHWS

S103029738
N/A

SHWS:

| | | | |
|------------------|--------------|--------------|------------------|
| Facility ID: | NJL600189203 | Case ID: | NJL600189203-001 |
| Case Status: | ACTIVE | Status Date: | 04/24/1992 |
| Contact: | BFCM-6 | | |
| Facility Status: | OPEN | | |
| CEA/DER: | Not reported | | |

MONEY OIL SERVICE 9TH / CHESNUT CAMDEN, NJ

NJ Release
NJ Spills

S102222281
N/A

NJ Release:

| | | | |
|--------------------|--------------------------------|----------------------|-------------------|
| Facility ID: | 19828 | Case Number: | 95-12-15-1619-17 |
| Date Received: | 12/15/1995 | Operator: | JIMS |
| Location: | Facility | Nature of Incident: | Facility |
| Facility Phone: | 609-963-0340 | Facility Type: | Commercial |
| Date of Incident: | 12/15/1995 | Time of Incident: | 15:00 |
| Substance(s): | OIL HEATING #2 | | |
| Substance Type: | Liquid | Substance Identity: | Known |
| A310 Letter: | Yes | TCPA Chemical: | No |
| Hazrds Material: | Yes | CAS Number: | Not reported |
| COMU: | 0408 | Ref. Code: | 002 |
| Amnt Released: | 60 TO 70 GALS | Release VE: | Estimate |
| Release Type: | Terminated | Contained: | Yes |
| Injuries: | No | Facility Evacuation: | No |
| Public Exposure: | No | Public Evacuation: | No |
| Police at Scene: | No | Firemen at Scene: | No |
| Contamination of: | Land | Receiving Water: | Not reported |
| Caller: | | | |
| Name: | EUGENE MONEY | Title: | MONEY OIL SERVICE |
| Address: | 958 SOUTH 8TH ST CAMDEN, NJ | | |
| Telephone: | 609-963-0340 | | |
| Responsible Party: | | | |
| Name: | Known | Company: | MONEY OIL SERVICE |
| Contact: | EUGENE MONEY | Title: | OWNER |

DETAILED ORPHAN LISTING

| Site | Database(s) | EDR ID Number EPA ID Number |
|---------------------------------------|--|--------------------------------|
| MONEY OIL SERVICE (Continued) | | S102222281 |
| Address: | 938 SOUTH 8TH ST CAMDEN, NJ CAMDEN | Telephone: 609-963-0340 |
| County: | CAMDEN | Title: Not reported |
| NJ Spill: | | Time: Not reported |
| Name: | Not reported | |
| Telephone: | Not reported | |
| Date: | Not reported | |
| Local Municipality: | | Municipality Title: OPER 750 |
| Name: | CAMDEN CITY | Time: 16:41 |
| Telephone: | 609-757-7400 | |
| Date: | 12/15/1995 | |
| Other: | | Title: Not reported |
| Name: | Not reported | Time: Not reported |
| Telephone: | Not reported | |
| Date: | Not reported | |
| Incident: | | Referred To: DRPSR |
| Name: | FRANK GAGLIANO | Telephone: Faxed, Office |
| Region: | ER2 | Incident Time: 16:24 |
| Date: | 12/15/1995 | |
| ITM: | B | |
| Incident Description: | Spill | |
| Wind Direction/Speed: | Not reported | |
| Assistance Requested: | No | |
| Date A310 Letter Printed: | Not reported | |
| Date Local Authority Was Notified: | Not reported | |
| Date Update: | Not reported | |
| Date Report Faxed to Local Authority: | Not reported | |
| Local Authority Notification Date 1: | Not reported | |
| Local Authority Notification Date 2: | Not reported | |
| Local Authority Notification Date 3: | Not reported | |
| Status at Spill: | SPILL DUE TO LEAKING PIPE ON BULK TANKER OFF LOADING OF TRUCK CLEANUP IS BEING DONE BY MID-ATLANTIC | |
| Comments: | Not reported | |
| NJ Spill: | | |
| Facility ID: | 19828 | Case Number: 95-12-15-1619-17 |
| Date Received: | 12/15/1995 | Operator: JIMS |
| Location: | Facility | Nature of Incident: Facility |
| Facility Phone: | 609-963-0340 | Facility Type: Commercial |
| Date of Incident: | 12/15/1995 | Time of Incident: 15:00 |
| Substance(s): | OIL HEATING #2 | |
| Substance Type: | Liquid | Substance Identity: Known |
| A310 Letter: | Yes | TCPA Chemical: No |
| Hazrds Material: | Yes | CAS Number: Not reported |
| COMU: | 0408 | Ref. Code: 002 |
| Amnt Released: | 60 TO 70 GALS | Release VE: Estimate |
| Release Type: | Terminated | Contained: Yes |
| Injuries: | No | Facility Evacuation: No |
| Public Exposure: | No | Public Evacuation: No |
| Police at Scene: | No | Firemen at Scene: No |
| Contamination of: | Land | Receiving Water: Not reported |
| Caller: | | Title: MONEY OIL SERVICE |
| Name: | EUGENE MONEY | |
| Address: | 958 SOUTH 8TH ST CAMDEN, NJ | |
| Phone: | 609-963-0340 | |
| Responsible Party: | | |

DETAILED ORPHAN LISTING

| Site | Database(s) | EDR ID Number | EPA ID Number |
|---------------------------------------|---|----------------|-------------------|
| MONEY OIL SERVICE (Continued) | | S102222281 | |
| Name: | Known | Company: | MONEY OIL SERVICE |
| Contact: | EUGENE MONEY | Title: | OWNER |
| Address: | 938 SOUTH 8TH ST CAMDEN, NJ | | |
| County: | CAMDEN | Phone: | 609-963-0340 |
| NJ Spill: | | Title: | Not reported |
| Name: | Not reported | Time: | Not reported |
| Phone: | Not reported | | |
| Date: | Not reported | | |
| Local Municipality: | | Title: | OPER 750 |
| Name: | CAMDEN CITY | Time: | 16:41 |
| Phone: | 609-757-7400 | | |
| Date: | 12/15/1995 | Title: | Not reported |
| Other: | | Time: | Not reported |
| Name: | Not reported | | |
| Phone: | Not reported | | |
| Date: | Not reported | | |
| Incident: | | Referred To: | DRPSR |
| Name: | FRANK GAGLIANO | Telephone: | Faxed,Office |
| Region: | ER2 | Incident Time: | 16:24 |
| Date: | 12/15/1995 | | |
| ITM: | B | | |
| Incident Description: | Spill | | |
| Wind Direction/Speed: | Not reported | | |
| Assistance Requested: | No | | |
| Date A310 Letter Printed: | Not reported | | |
| Date Local Authority Was Notified: | Not reported | | |
| Date Update: | Not reported | | |
| Date Report Faxed to Local Authority: | Not reported | | |
| Local Authority Notification Date 1: | Not reported | | |
| Local Authority Notification Date 2: | Not reported | | |
| Local Authority Notification Date 3: | Not reported | | |
| Status at Spill: | SPILL DUE TO LEAKING PIPE ON BULK TANKER OFF LOADING OF TRUCK CLEANUP IS BEING DONE BY MID-ATLANTIC | | |
| Comments: | Not reported | | |

YASSA SONS RECYCLING CTR
CHESNUT BET 6 / 7 ST
CAMDEN, NJ

NJ Release S102225467
NJ Spills N/A

NJ Release:

Facility ID: 5897
Date Received: 04/19/1996
Location: Facility
Facility Phone: Not reported
Date of Incident: 04/19/1994
Substance(s): ANTIFREEZE,OIL HYDRAULIC
OIL WASTE

Case Number: 96-4-19-0840-37
Operator: JIMS
Nature of Incident: Citizen
Facility Type: Industrial
Time of Incident: Not reported

Substance Type: Liquid
A310 Letter: Yes
Hazrds Material: Yes
COMU: 0408
Amnt Released: UNKNOWN
Release Type: Continuous
Injuries: No
Public Exposure: No
Police at Scene: No
Contamination of: Land

Substance Identity: Known
TCPA Chemical: No
CAS Number: Not reported
Ref. Code: 101
Release VE: Not reported
Contained: No
Facility Evacuation: No
Public Evacuation: No
Firemen at Scene: No
Receiving Water: Not reported

DETAILED ORPHAN LISTING

| Site | Database(s) | EDR ID Number EPA ID Number |
|------|-------------|--------------------------------|
|------|-------------|--------------------------------|

YASSA SONS RECYCLING CTR (Continued)

S102225467

| | | |
|--|--|--|
| Caller: Name: ANONYMOUS Address: Not reported Telephone: Not reported | | Title: CITIZEN |
| Responsible Party: Name: Known Contact: Not reported Address: CHESNUT BET 6 & 7 ST CAMDEN, NJ County: CAMDEN | | Company: YASSA SONS RECYCLING Title: Not reported Telephone: Not reported |
| NJ Spill: Name: Not reported Telephone: Not reported Date: Not reported | | Title: Not reported Time: Not reported |
| Local Municipality: Name: CAMDEN CITY Telephone: 609-757-7400 Date: 04/19/1996 | | Municipality Title: OPER 764 Time: 08:51 |
| Other: Name: Not reported Telephone: Not reported Date: Not reported | | Title: Not reported Time: Not reported |
| Incident: Name: Not reported Region: BFO-CAS Date: 04/19/1996 ITM: B | | Referred To: DRPSR Telephone: Faxed,Mailed Incident Time: Not reported |
| Incident Description: Sloppy Housekeeping Wind Direction/Speed: Not reported Assistance Requested: Yes Date A310 Letter Printed: 04/19/1996 Date Local Authority Was Notified: Not reported Date Update: Not reported Date Report Faxed to Local Authority: 04/19/1996 Local Authority Notification Date 1: Not reported Local Authority Notification Date 2: Not reported Local Authority Notification Date 3: Not reported Status at Spill: TWO-TRUCKS LEAKING ANTIFREEZE AND LEAKING CRANE ON PROPERTY ALSO BOX CONTAINERS LEAKING FROM SCRAPED DRUMS Comments: Not reported | | |
| Facility ID: 5897 Date Received: 04/19/1996 Location: Facility Facility Phone: Not reported Date of Incident: 04/19/1994 Substance(s): ANTIFREEZE,OIL HYDRAULIC OIL WASTE | | Case Number: 96-4-19-0840-37 Operator: JIMS Nature of Incident: Citizen Facility Type: Industrial Time of Incident: Not reported |
| Substance Type: Liquid A310 Letter: Yes Hazrds Material: Yes COMU: 0408 Amnt Released: UNKNOWN Release Type: Continuous Injuries: No Public Exposure: No Police at Scene: No | | Substance Identity: Known TCPA Chemical: No CAS Number: Not reported Ref. Code: 101 Release VE: Not reported Contained: No Facility Evacuation: No Public Evacuation: No Firemen at Scene: No |

DETAILED ORPHAN LISTING

| Site | Database(s) | EDR ID Number EPA ID Number |
|---|----------------------|--|
| YASSA SONS RECYCLING CTR (Continued) | | S102225467 |
| Contamination of: Land | Receiving Water: | Not reported |
| Caller: | | |
| Name: ANONYMOUS | Title: | CITIZEN |
| Address: Not reported | | |
| Telephone: Not reported | | |
| Responsible Party: | | |
| Name: Known | Company: | YASSA SONS RECYCLING |
| Contact: Not reported | Title: | Not reported |
| Address: CHESNUT BET 6 & 7 ST CAMDEN, NJ | | |
| County: CAMDEN | Telephone: | Not reported |
| NJ Spill: | | |
| Name: Not reported | Title: | Not reported |
| Telephone: Not reported | | |
| Date: Not reported | Time: | Not reported |
| Local Municipality: | | |
| Name: CAMDEN CITY | Municipality Title: | OPER 764 |
| Telephone: 609-757-7400 | | |
| Date: 04/19/1996 | Time: | 08:51 |
| Other: | | |
| Name: Not reported | Title: | Not reported |
| Telephone: Not reported | | |
| Date: Not reported | Time: | Not reported |
| Incident: | | |
| Name: Not reported | Referred To: | DRPSR |
| Region: BFO-CAS | Telephone: | Faxed,Mailed |
| Date: 04/19/1996 | Incident Time: | Not reported |
| ITM: B | | |
| Incident Description: | | Sloppy Housekeeping |
| Wind Direction/Speed: | | Not reported |
| Assistance Requested: | | Yes |
| Date A310 Letter Printed: | | 04/19/1996 |
| Date Local Authority Was Notified: | | Not reported |
| Date Update: | | Not reported |
| Date Report Faxed to Local Authority: | | 04/19/1996 |
| Local Authority Notification Date 1: | | Not reported |
| Local Authority Notification Date 2: | | Not reported |
| Local Authority Notification Date 3: | | Not reported |
| Status at Spill: | | TWO-TRUCKS LEAKING ANTIFREEZE AND LEAKING CRANE ON PROPERTY ALSO BOX CONTAINERS LEAKING FROM SCRAPPED DRUMS |
| Comments: | | Not reported |
| NJ Spill: | | |
| Facility ID: 5897 | Case Number: | 96-4-19-0840-37 |
| Date Received: 04/19/1996 | Operator: | JIMS |
| Location: Facility | Nature of Incident: | Citizen |
| Facility Phone: Not reported | Facility Type: | Industrial |
| Date of Incident: 04/19/1994 | Time of Incident: | Not reported |
| Substance(s): ANTIFREEZE,OIL HYDRAULIC OIL WASTE | | |
| Substance Type: Liquid | Substance Identity: | Known |
| A310 Letter: Yes | TCPA Chemical: | No |
| Hazrds Material: Yes | CAS Number: | Not reported |
| COMU: 0408 | Ref. Code: | 101 |
| Amnt Released: UNKNOWN | Release VE: | Not reported |
| Release Type: Continuous | Contained: | No |
| Injuries: No | Facility Evacuation: | No |

DETAILED ORPHAN LISTING

| Site | Database(s) | EDR ID Number EPA ID Number |
|--|-------------------------------|--------------------------------|
| YASSA SONS RECYCLING CTR (Continued) | | S102225467 |
| Public Exposure: No | Public Evacuation: No | |
| Police at Scene: No | Firemen at Scene: No | |
| Contamination of: Land | Receiving Water: Not reported | |
| Caller: | | |
| Name: ANONYMOUS | Title: CITIZEN | |
| Address: Not reported | | |
| Phone: Not reported | | |
| Responsible Party: | | |
| Name: Known | Company: YASSA SONS RECYCLING | |
| Contact: Not reported | Title: Not reported | |
| Address: CHESNUT BET 6 & 7 ST CAMDEN, NJ | | |
| County: CAMDEN | Phone: Not reported | |
| NJ Spill: | | |
| Name: Not reported | Title: Not reported | |
| Phone: Not reported | | |
| Date: Not reported | Time: Not reported | |
| Local Municipality: | | |
| Name: Not reported | Title: Not reported | |
| Phone: Not reported | | |
| Date: Not reported | Time: 08:51 | |
| Other: | | |
| Name: Not reported | Title: Not reported | |
| Phone: Not reported | | |
| Date: Not reported | Time: Not reported | |
| Incident: | | |
| Name: Not reported | Referred To: Not reported | |
| Region: Not reported | Telephone: Not reported | |
| Date: Not reported | Incident Time: Not reported | |
| ITM: Not reported | | |
| Incident Description: Sloppy Housekeeping | | |
| Wind Direction/Speed: Not reported | | |
| Assistance Requested: Yes | | |
| Date A310 Letter Printed: 04/19/1996 | | |
| Date Local Authority Was Notified: Not reported | | |
| Date Update: Not reported | | |
| Date Report Faxed to Local Authority: 04/19/1996 | | |
| Local Authority Notification Date 1: Not reported | | |
| Local Authority Notification Date 2: Not reported | | |
| Local Authority Notification Date 3: Not reported | | |
| Status at Spill: TWO-TRUCKS LEAKING ANTIFREEZE AND LEAKING CRANE ON PROPERTY ALSO BOX CONTAINERS LEAKING FROM SCRAPED DRUMS | | |
| Comments: Not reported | | |

**CAMCORE TRANSMISSIONS
CHESTNUT ST
CAMDEN, NJ**

**NJ Release S102207540
NJ Spills N/A**

| | | |
|--------------------------------|--|-----------------------------|
| NJ Release: | | Case Number: 94-8-3-1430-10 |
| Facility ID: 13934 | | Operator: JOES |
| Date Received: 08/03/1994 | | Nature of Incident: Citizen |
| Location: Facility | | Facility Type: Commercial |
| Facility Phone: UNK | | Time of Incident: ONGO |
| Date of Incident: 08/03/1994 | | |
| Substance(s): OIL TRANSMISSION | | Substance Identity: Known |
| Substance Type: Liquid | | TCPA Chemical: No |
| A310 Letter: Yes | | CAS Number: Not reported |
| Hazrds Material: Yes | | |

DETAILED ORPHAN LISTING

| Site | Database(s) | EDR ID Number EPA ID Number |
|--|-------------------------------|--------------------------------|
| CAMCORE TRANSMISSIONS (Continued) | | S102207540 |
| COMU: 0408 | Ref. Code: 101 | |
| Amnt Released: UNK | Release VE: Not reported | |
| Release Type: Intermittent | Contained: No | |
| Injuries: No | Facility Evacuation: No | |
| Public Exposure: No | Public Evacuation: No | |
| Police at Scene: No | Firemen at Scene: No | |
| Contamination of: Land | Receiving Water: Not reported | |
| Caller: | | |
| Name: ANONYMOUS | Title: CIT | |
| Address: Not reported | | |
| Telephone: Not reported | | |
| Responsible Party: | | |
| Name: Known | Company: CAMCORE TRANSMISSION | |
| Contact: UNK | Title: Not reported | |
| Address: CHESTNUT ST CAMDEN, NJ | | |
| County: CAMDEN | Telephone: UNK | |
| NJ Spill: | | |
| Name: Not reported | Title: Not reported | |
| Telephone: Not reported | | |
| Date: Not reported | Time: Not reported | |
| Local Municipality: | | |
| Name: CAMDEN CITY | Municipality Title: DISP 718 | |
| Telephone: 609-757-7400 | | |
| Date: 08/03/1994 | Time: 14:32 | |
| Other: | | |
| Name: Not reported | Title: Not reported | |
| Telephone: Not reported | | |
| Date: Not reported | Time: Not reported | |
| Incident: | | |
| Name: Not reported | Referred To: DRPSR | |
| Region: BFO-CAS | Telephone: Faxed,Mailed | |
| Date: 08/03/1994 | Incident Time: Not reported | |
| ITM: B | | |
| Incident Description: Sloppy Housekeeping | | |
| Wind Direction/Speed: Not reported | | |
| Assistance Requested: Yes | | |
| Date A310 Letter Printed: Not reported | | |
| Date Local Authority Was Notified: Not reported | | |
| Date Update: Not reported | | |
| Date Report Faxed to Local Authority: Not reported | | |
| Local Authority Notification Date 1: Not reported | | |
| Local Authority Notification Date 2: Not reported | | |
| Local Authority Notification Date 3: Not reported | | |
| Status at Spill: TRANSMISSION SHOP HAS STAINS ON PROPERTY AND PARKS CARS LEAKING TRANS FLUID ON STREET CAUSING SPOTS OF OIL ON ROADWAY. | | |
| Comments: Not reported | | |
| NJ Spill: | | |
| Facility ID: 13934 | Case Number: 94-8-3-1430-10 | |
| Date Received: 08/03/1994 | Operator: JOES | |
| Location: Facility | Nature of Incident: Citizen | |
| Facility Phone: UNK | Facility Type: Commercial | |
| Date of Incident: 08/03/1994 | Time of Incident: ONGO | |
| Substance(s): OIL TRANSMISSION | | |
| Substance Type: Liquid | Substance Identity: Known | |
| A310 Letter: Yes | TCPA Chemical: No | |

DETAILED ORPHAN LISTING

| Site | Database(s) | EDR ID Number EPA ID Number |
|--|---|--------------------------------|
| CAMCORE TRANSMISSIONS (Continued) | | S102207540 |
| Hazrds Material: Yes COMU: 0408 Amnt Released: UNK Release Type: Intermittent Injuries: No Public Exposure: No Police at Scene: No Contamination of: Land Caller: Name: ANONYMOUS Address: Not reported Phone: Not reported Responsible Party: Name: Known Contact: UNK Address: CHESTNUT ST CAMDEN, NJ County: CAMDEN NJ Spill: Name: Not reported Phone: Not reported Date: Not reported Local Municipality: Name: CAMDEN CITY Phone: 609-757-7400 Date: 08/03/1994 Other: Name: Not reported Phone: Not reported Date: Not reported Incident: Name: Not reported Region: BFO-CAS Date: 08/03/1994 ITM: B Incident Description: Sloppy Housekeeping Wind Direction/Speed: Not reported Assistance Requested: Yes Date A310 Letter Printed: Not reported Date Local Authority Was Notified: Not reported Date Update: Not reported Date Report Faxed to Local Authority: Not reported Local Authority Notification Date 1: Not reported Local Authority Notification Date 2: Not reported Local Authority Notification Date 3: Not reported Status at Spill: TRANSMISSION SHOP HAS STAINS ON PROPERTY AND PARKS CARS LEAKING TRANS FLUID ON STREET CAUSING SPOTS OF OIL ON ROADWAY. Comments: Not reported | CAS Number: Not reported Ref. Code: 101 Release VE: Not reported Contained: No Facility Evacuation: No Public Evacuation: No Firemen at Scene: No Receiving Water: Not reported Title: CIT Company: CAMCORE TRANSMISSION Title: Not reported Phone: UNK Title: Not reported Time: Not reported Title: DISP 718 Time: 14:32 Title: Not reported Time: Not reported Referred To: DRPSR Telephone: Faxed, Mailed Incident Time: Not reported | |

**SOUTH JERSEY PORT CORP
CHESTNUT / FRONT STS
CAMDEN, NJ**

**NJ Release S102202894
NJ Spills N/A**

NJ Release:
 Facility ID: 4448
 Date Received: 03/18/1994
 Location: Other
 Facility Phone: Not reported

Case Number: 94-3-18-1425-46
 Operator: RICH
 Nature of Incident: Municipal
 Facility Type: Industrial

DETAILED ORPHAN LISTING

| Site | Database(s) | EDR ID Number EPA ID Number |
|--|---|--------------------------------|
| SOUTH JERSEY PORT CORP (Continued) | | S102202894 |
| <p>Date of Incident: 03/18/1994 Substance(s): DIESEL FUEL Substance Type: Liquid A310 Letter: No Hazrds Material: Yes COMU: 0408 Amnt Released: 30-40 GAL Release Type: Terminated Injuries: No Public Exposure: No Police at Scene: No Contamination of: Land Caller: Name: DISP 26 Address: CAMDEN, NJ Telephone: 609-757-7500 Responsible Party: Name: Known Contact: Not reported Address: CHASE CITY, VA County: Not reported NJ Spill: Name: Not reported Telephone: Not reported Date: Not reported Local Municipality: Name: Not reported Telephone: Not reported Date: Not reported Other: Name: Not reported Telephone: Not reported Date: Not reported Incident: Name: Not reported Region: BFO-CAS Date: 03/18/1994 ITM: B Incident Description: Spill Wind Direction/Speed: Not reported Assistance Requested: No Date A310 Letter Printed: Not reported Date Local Authority Was Notified: Not reported Date Update: Not reported Date Report Faxed to Local Authority: Not reported Local Authority Notification Date 1: Not reported Local Authority Notification Date 2: Not reported Local Authority Notification Date 3: Not reported Status at Spill: SPILL IN FACILITY LOT FROM TRUCK FUEL TANK, CLEANUP BY CLEAN HARBORS OF WESTVILLE, F.D. HAZMAT STAYING WITH SPILL TIL CLEANED UP Comments: Not reported NJ Spill: Facility ID: 4448 Date Received: 03/18/1994 Location: Other Facility Phone: Not reported</p> | <p>Time of Incident: 13:45 Substance Identity: Known TCPA Chemical: No CAS Number: Not reported Ref. Code: 101 Release VE: Estimate Contained: Yes Facility Evacuation: No Public Evacuation: No Firemen at Scene: Yes Receiving Water: Not reported Title: CAMDEN CNTY COMM Company: HUSS INC Title: Not reported Telephone: Not reported Title: Not reported Time: Not reported Municipality Title: Not reported Time: Not reported Title: Not reported Time: Not reported Referred To: DRPSR Telephone: Faxed, Mailed Incident Time: Not reported Case Number: 94-3-18-1425-46 Operator: RICH Nature of Incident: Municipal Facility Type: Industrial</p> | |

DETAILED ORPHAN LISTING

| Site | Database(s) | EDR ID Number | EPA ID Number |
|--|--|---------------|---------------|
| SOUTH JERSEY PORT CORP (Continued) | | S102202894 | |
| <p>Date of Incident: 03/18/1994</p> <p>Substance(s): DIESEL FUEL</p> <p>Substance Type: Liquid</p> <p>A310 Letter: No</p> <p>Hazrds Material: Yes</p> <p>COMU: 0408</p> <p>Amnt Released: 30-40 GAL</p> <p>Release Type: Terminated</p> <p>Injuries: No</p> <p>Public Exposure: No</p> <p>Police at Scene: No</p> <p>Contamination of: Land</p> <p>Caller:</p> <p>Name: DISP 26</p> <p>Address: CAMDEN, NJ</p> <p>Phone: 609-757-7500</p> <p>Responsible Party:</p> <p>Name: Known</p> <p>Contact: Not reported</p> <p>Address: CHASE CITY, VA</p> <p>County: Not reported</p> <p>NJ Spill:</p> <p>Name: Not reported</p> <p>Phone: Not reported</p> <p>Date: Not reported</p> <p>Local Municipality:</p> <p>Name: Not reported</p> <p>Phone: Not reported</p> <p>Date: Not reported</p> <p>Other:</p> <p>Name: Not reported</p> <p>Phone: Not reported</p> <p>Date: Not reported</p> <p>Incident:</p> <p>Name: Not reported</p> <p>Region: BFO-CAS</p> <p>Date: 03/18/1994</p> <p>ITM: B</p> <p>Incident Description: Spill</p> <p>Wind Direction/Speed: Not reported</p> <p>Assistance Requested: No</p> <p>Date A310 Letter Printed: Not reported</p> <p>Date Local Authority Was Notified: Not reported</p> <p>Date Update: Not reported</p> <p>Date Report Faxed to Local Authority: Not reported</p> <p>Local Authority Notification Date 1: Not reported</p> <p>Local Authority Notification Date 2: Not reported</p> <p>Local Authority Notification Date 3: Not reported</p> <p>Status at Spill: SPILL IN FACILITY LOT FROM TRUCK FUEL TANK, CLEANUP BY CLEAN HARBORS OF WESTVILLE, F.D. HAZMAT STAYING WITH SPILL TIL CLEANED UP</p> <p>Comments: Not reported</p> | <p>Time of Incident: 13:45</p> <p>Substance Identity: Known</p> <p>TCPA Chemical: No</p> <p>CAS Number: Not reported</p> <p>Ref. Code: 101</p> <p>Release VE: Estimate</p> <p>Contained: Yes</p> <p>Facility Evacuation: No</p> <p>Public Evacuation: No</p> <p>Firemen at Scene: Yes</p> <p>Receiving Water: Not reported</p> <p>Title: CAMDEN CNTY COMM</p> <p>Company: HUSS INC</p> <p>Title: Not reported</p> <p>Phone: Not reported</p> <p>Title: Not reported</p> <p>Time: Not reported</p> <p>Title: Not reported</p> <p>Time: Not reported</p> <p>Title: Not reported</p> <p>Time: Not reported</p> <p>Referred To: DRPSR</p> <p>Telephone: Faxed, Mailed</p> <p>Incident Time: Not reported</p> | | |

DETAILED ORPHAN LISTING

| Site | Database(s) | EDR ID Number | EPA ID Number |
|---|----------------------------------|----------------------|-----------------|
| WEST OF FRONT ON CLINTON ST. CAMDEN, NJ | NJ Release NJ Spills | S102211142 N/A | |
| NJ Spill: | | | |
| Facility ID: | 21161 | Case Number: | 94-12-1-1400-37 |
| Date Received: | 12/01/1994 | Operator: | JIMH |
| Location: | Other | Nature of Incident: | Facility |
| Facility Phone: | Not reported | Facility Type: | Commercial |
| Date of Incident: | 11/30/1994 | Time of Incident: | 09:30 |
| Substance(s): | OIL TRANSFORMER NON-PCB | Substance Identity: | Known |
| Substance Type: | Liquid | TCPA Chemical: | No |
| A310 Letter: | Yes | CAS Number: | Not reported |
| Hazrds Material: | Yes | Ref. Code: | 101 |
| COMU: | 0408 | Release VE: | Estimate |
| Amnt Released: | 50 GALLON | Contained: | Yes |
| Release Type: | Terminated | Facility Evacuation: | No |
| Injuries: | No | Public Evacuation: | No |
| Public Exposure: | No | Firemen at Scene: | No |
| Police at Scene: | No | Receiving Water: | Not reported |
| Contamination of: | Land | | |
| Caller: | | | |
| Name: | GEORGE BOWLEY | Title: | PSE&G |
| Address: | 300 NEW ALBANY MOORESTOWN, NJ | | |
| Phone: | 609-778-6853 | | |
| Responsible Party: | | | |
| Name: | Known | Company: | PSE&G |
| Contact: | GEORGE BOWLEY | Title: | ENV.COORDINA |
| Address: | 300 NEW ALBANY MOORESTOWN, NJ | | |
| County: | BURLINGTON | Phone: | Not reported |
| NJ Spill: | | Title: | Not reported |
| Name: | Not reported | Time: | Not reported |
| Phone: | Not reported | | |
| Date: | Not reported | Title: | OPER 760 |
| Local Municipality: | | Time: | 14:05 |
| Name: | CAMDEN CITY | | |
| Phone: | 609-757-7400 | Title: | Not reported |
| Date: | 12/01/1994 | Time: | Not reported |
| Other: | | | |
| Name: | Not reported | Referred To: | DRPSR |
| Phone: | Not reported | Telephone: | Faxed,Mailed |
| Date: | Not reported | Incident Time: | Not reported |
| Incident: | | | |
| Name: | Not reported | | |
| Region: | BFO-CAS | | |
| Date: | 12/01/1994 | | |
| ITM: | B | | |
| Incident Description: | Spill | | |
| Wind Direction/Speed: | Not reported | | |
| Assistance Requested: | No | | |
| Date A310 Letter Printed: | 12/01/1994 | | |
| Date Local Authority Was Notified: | Not reported | | |
| Date Update: | Not reported | | |
| Date Report Faxed to Local Authority: | 12/01/1994 | | |
| Local Authority Notification Date 1: | Not reported | | |
| Local Authority Notification Date 2: | Not reported | | |
| Local Authority Notification Date 3: | Not reported | | |

DETAILED ORPHAN LISTING

| Site | Database(s) | EDR ID Number EPA ID Number |
|---|--|--------------------------------|
| WEST OF FRONT ON (Continued) | | S102211142 |
| Status at Spill: LEAKING TRANSFORMER CAUSED SPILL. COMPANY DID CLEANUP Comments: Not reported | | |
| ON RAMP 676 COLLINGS RD CAMDEN, NJ | NJ Release NJ Spills | S102227164 N/A |
| NJ Release: Facility ID: 8973 Date Received: 06/06/1996 Location: Transport Facility Phone: Not reported Date of Incident: 06/06/1996 Substance(s): DIESEL FUEL Substance Type: Liquid A310 Letter: Yes Hazrds Material: Yes COMU: 0408 Amnt Released: UNKNOWN Release Type: Continuous Injuries: No Public Exposure: No Police at Scene: Yes Contamination of: Land Caller: Name: TONY LINGO Address: FEDERAL ST CAMDEN, NJ Telephone: 609-757-7680 Responsible Party: Name: UnKnown Contact: Not reported Address: Not reported County: Not reported NJ Spill: Name: Not reported Telephone: Not reported Date: Not reported Local Municipality: Name: CAMDEN CITY Telephone: 609-757-7400 Date: 06/06/1996 Other: Name: Not reported Telephone: Not reported Date: Not reported Incident: Name: JIM MANUEL Region: ER2 Date: 06/06/1996 ITM: B Name: Not reported Region: REG-2 Date: 06/06/1996 ITM: T Incident Description: Spill,MVA Wind Direction/Speed: Not reported Assistance Requested: Yes | Case Number: 96-6-6-1930-08 Operator: KIM Nature of Incident: Other Facility Type: Residential Time of Incident: 19:02 Substance Identity: Known TCPA Chemical: No CAS Number: Not reported Ref. Code: 002 Release VE: Not reported Contained: No Facility Evacuation: No Public Evacuation: No Firemen at Scene: Yes Receiving Water: NONE Title: CITY OF CAMDEN U Company: Not reported Title: Not reported Telephone: Not reported Title: Not reported Time: Not reported Municipality Title: DISP 707 Time: 19:36 Title: Not reported Time: Not reported Referred To: DRPSR Telephone: Home,Faxed Incident Time: 19:37 Referred To: NJDOT Telephone: Faxed Incident Time: Not reported | |

DETAILED ORPHAN LISTING

| Site | Database(s) | EDR ID Number EPA ID Number |
|--|---|--------------------------------|
| ON RAMP 676 (Continued) | | S102227164 |
| <p>Date A310 Letter Printed: 06/06/1996 Date Local Authority Was Notified: Not reported Date Update: Not reported Date Report Faxed to Local Authority: 06/06/1996 Local Authority Notification Date 1: Not reported Local Authority Notification Date 2: Not reported Local Authority Notification Date 3: Not reported Status at Spill: SPILL DUE TO BULK FUEL TANKER INVOLVED IN A MVA. SUBSTANCE HAS NOT ENTERED WATERWAY BUT IS HEADING IN THAT DIRECTION. Comments: TONY LINGO CAN BE REACHED AT 609-757-7664. UPDATE 1958 HRS AS PER JOE DRAIN CAMDEN CITY S.A. SPILL LESS THAN 50 GAL. FD WILL COMPLETE CLEAN UP. DR</p> | | |
| <p>Facility ID: 8973 Date Received: 06/06/1996 Location: Transport Facility Phone: Not reported Date of Incident: 06/06/1996 Substance(s): DIESEL FUEL Substance Type: Liquid A310 Letter: Yes Hazrds Material: Yes COMU: 0408 Amnt Released: UNKNOWN Release Type: Continuous Injuries: No Public Exposure: No Police at Scene: Yes Contamination of: Land Caller: Name: TONY LINGO Address: FEDERAL ST CAMDEN, NJ Telephone: 609-757-7680 Responsible Party: Name: UnKnown Contact: Not reported Address: Not reported County: Not reported NJ Spill: Name: Not reported Telephone: Not reported Date: Not reported Local Municipality: Name: CAMDEN CITY Telephone: 609-757-7400 Date: 06/06/1996 Other: Name: Not reported Telephone: Not reported Date: Not reported Incident: Name: JIM MANUEL Region: ER2 Date: 06/06/1996 ITM: B Name: Not reported</p> | <p>Case Number: 96-6-6-1930-08 Operator: KIM Nature of Incident: Other Facility Type: Residential Time of Incident: 19:02 Substance Identity: Known TCPA Chemical: No CAS Number: Not reported Ref. Code: 002 Release VE: Not reported Contained: No Facility Evacuation: No Public Evacuation: No Firemen at Scene: Yes Receiving Water: NONE Title: CITY OF CAMDEN U Company: Not reported Title: Not reported Telephone: Not reported Title: Not reported Time: Not reported Municipality Title: DISP 707 Time: 19:36 Title: Not reported Time: Not reported Referred To: DRPSR Telephone: Home, Faxed Incident Time: 19:37 Referred To: NJDOT</p> | |

DETAILED ORPHAN LISTING

| Site | Database(s) | | EDR ID Number |
|---------------------------------------|--|----------------------|------------------|
| | | | EPA ID Number |
| ON RAMP 676 (Continued) | | | S102227164 |
| Region: | REG-2 | Telephone: | Faxed |
| Date: | 06/06/1996 | Incident Time: | Not reported |
| ITM: | T | | |
| Incident Description: | Spill,MVA | | |
| Wind Direction/Speed: | Not reported | | |
| Assistance Requested: | Yes | | |
| Date A310 Letter Printed: | 06/06/1996 | | |
| Date Local Authority Was Notified: | Not reported | | |
| Date Update: | Not reported | | |
| Date Report Faxed to Local Authority: | 06/06/1996 | | |
| Local Authority Notification Date 1: | Not reported | | |
| Local Authority Notification Date 2: | Not reported | | |
| Local Authority Notification Date 3: | Not reported | | |
| Status at Spill: | SPILL DUE TO BULK FUEL TANKER INVOLVED IN A MVA. SUBSTANCE HAS NOT ENTERED WATERWAY BUT IS HEADING IN THAT DIRECTION. | | |
| Comments: | TONY LINGO CAN BE REACHED AT 609-757-7664. UPDATE 1958 HRS AS PER JOE DRAIN CAMDEN CITY S.A. SPILL LESS THAN 50 GAL. FD WILL COMPLETE CLEAN UP. DR | | |
| NJ Spill: | | | |
| Facility ID: | 8973 | Case Number: | 96-6-6-1930-08 |
| Date Received: | 06/06/1996 | Operator: | KIM |
| Location: | Transport | Nature of Incident: | Other |
| Facility Phone: | Not reported | Facility Type: | Residential |
| Date of Incident: | 06/06/1996 | Time of Incident: | 19:02 |
| Substance(s): | DIESEL FUEL | Substance Identity: | Known |
| Substance Type: | Liquid | TCPA Chemical: | No |
| A310 Letter: | Yes | CAS Number: | Not reported |
| Hazrds Material: | Yes | Ref. Code: | 002 |
| COMU: | 0408 | Release VE: | Not reported |
| Amnt Released: | UNKNOWN | Contained: | No |
| Release Type: | Continuous | Facility Evacuation: | No |
| Injuries: | No | Public Evacuation: | No |
| Public Exposure: | No | Firemen at Scene: | Yes |
| Police at Scene: | Yes | Receiving Water: | NONE |
| Contamination of: | Land | | |
| Caller: | | Title: | CITY OF CAMDEN U |
| Name: | TONY LINGO | | |
| Address: | FEDERAL ST CAMDEN, NJ | | |
| Phone: | 609-757-7680 | | |
| Responsible Party: | | Company: | Not reported |
| Name: | UnKnown | Title: | Not reported |
| Contact: | Not reported | | |
| Address: | Not reported | Phone: | Not reported |
| County: | Not reported | | |
| NJ Spill: | | Title: | Not reported |
| Name: | Not reported | Time: | Not reported |
| Phone: | Not reported | | |
| Date: | Not reported | Title: | Not reported |
| Local Municipality: | | Time: | 19:36 |
| Name: | Not reported | Title: | Not reported |
| Phone: | Not reported | | |
| Date: | Not reported | | |
| Other: | | | |
| Name: | Not reported | | |
| Phone: | Not reported | | |

DETAILED ORPHAN LISTING

| Site | Database(s) | EDR ID Number EPA ID Number |
|---------------------------------------|--|--------------------------------|
| ON RAMP 676 (Continued) | | S102227164 |
| Date: Not reported | Time: Not reported | |
| Incident: | | |
| Name: Not reported | Referred To: Not reported | |
| Region: Not reported | Telephone: Not reported | |
| Date: Not reported | Incident Time: Not reported | |
| ITM: Not reported | | |
| Incident Description: | Spill,MVA | |
| Wind Direction/Speed: | Not reported | |
| Assistance Requested: | Yes | |
| Date A310 Letter Printed: | 06/06/1996 | |
| Date Local Authority Was Notified: | Not reported | |
| Date Update: | Not reported | |
| Date Report Faxed to Local Authority: | 06/06/1996 | |
| Local Authority Notification Date 1: | Not reported | |
| Local Authority Notification Date 2: | Not reported | |
| Local Authority Notification Date 3: | Not reported | |
| Status at Spill: | SPILL DUE TO BULK FUEL TANKER INVOLVED IN A MVA. SUBSTANCE HAS NOT ENTERED WATERWAY BUT IS HEADING IN THAT DIRECTION. | |
| Comments: | TONY LINGO CAN BE REACHED AT 609-757-7664. UPDATE 1958 HRS AS PER JOE DRAIN CAMDEN CITY S.A. SPILL LESS THAN 50 GAL. FD WILL COMPLETE CLEAN UP. DR | |

YORKSHIP ELE SCHOOL COLLINS / FAIRVIEW CAMDEN, NJ

NJ Release S102487723
NJ Spills N/A

NJ Release:

Facility ID: 17156
Date Received: 10/23/1996
Location: Other
Facility Phone: 609-966-5110
Date of Incident: 10/23/1996
Substance(s): OIL HEATING #4
Substance Type: Liquid
A310 Letter: Yes
Hazrds Material: Yes
COMU: 0408
Amnt Released: UNK
Release Type: Terminated
Injuries: No
Public Exposure: No
Police at Scene: No
Contamination of: Land

Caller:

Name: SEAN SMITH
Address: Not reported
Telephone: 609-661-8114

Responsible Party:

Name: Known
Contact: FRANK INGRAM
Address: COLLINS & FAIRVIEW
CAMDEN, NJ
County: CAMDEN

NJ Spill:

Name: Not reported
Telephone: Not reported
Date: Not reported

Local Municipality:

Case Number: 96-10-23-1727-44
Operator: SELL
Nature of Incident: Other
Facility Type: Snstve Pop
Time of Incident: 16:30

Substance Identity: Known
TCPA Chemical: No
CAS Number: Not reported
Ref. Code: 101
Release VE: Not reported
Contained: Yes
Facility Evacuation: No
Public Evacuation: No
Firemen at Scene: No
Receiving Water: Not reported

Title: E MARKO ASSOC

Company: YORKSHIP ELE SCHOOL
Title: SUPV

Telephone: 609-966-5110

Title: Not reported

Time: Not reported

DETAILED ORPHAN LISTING

| Site | Database(s) | EDR ID Number EPA ID Number |
|--|--|--------------------------------|
| YORKSHIP ELE SCHOOL (Continued) | | S102487723 |
| Name: CAMDEN CITY Telephone: 609-757-7400 Date: 10/23/1996 Other: Name: Not reported Telephone: Not reported Date: Not reported Incident: Name: Not reported Region: BFO-CAS Date: 10/23/1996 ITM: B Incident Description: U.S.T. Wind Direction/Speed: Not reported Assistance Requested: No Date A310 Letter Printed: Not reported Date Local Authority Was Notified: Not reported Date Update: Not reported Date Report Faxed to Local Authority: Not reported Local Authority Notification Date 1: Not reported Local Authority Notification Date 2: Not reported Local Authority Notification Date 3: Not reported Status at Spill: 1-5500 GAL UST AND 1-3000 GAL UST REMOVED,CALLER WAS UNAWARE OF 3000 GAL UST AT TIME OF REMOVAL.CLEANUP BEING DONE. UST 0300089 TMS-C94-1617 Comments: Not reported | Municipality Title: DISP 716 Time: 17:32 Title: Not reported Time: Not reported Referred To: DRPSR Telephone: Not reported Incident Time: Not reported | |
| NJ Spill: Facility ID: 17156 Date Received: 10/23/1996 Location: Other Facility Phone: 609-966-5110 Date of Incident: 10/23/1996 Substance(s): OIL HEATING #4 Substance Type: Liquid A310 Letter: Yes Hazrds Material: Yes COMU: 0408 Amnt Released: UNK Release Type: Terminated Injuries: No Public Exposure: No Police at Scene: No Contamination of: Land Caller: Name: SEAN SMITH Address: Not reported Phone: 609-661-8114 Responsible Party: Name: Known Contact: FRANK INGRAM Address: COLLINS & FAIRVIEW CAMDEN, NJ County: CAMDEN NJ Spill: Name: Not reported Phone: Not reported | Case Number: 96-10-23-1727-44 Operator: SELL Nature of Incident: Other Facility Type: Snstve Pop Time of Incident: 16:30 Substance Identity: Known TCPA Chemical: No CAS Number: Not reported Ref. Code: 101 Release VE: Not reported Contained: Yes Facility Evacuation: No Public Evacuation: No Firemen at Scene: No Receiving Water: Not reported Title: E MARKO ASSOC Company: YORKSHIP ELE SCHOOL Title: SUPV Phone: 609-966-5110 Title: Not reported | |

DETAILED ORPHAN LISTING

| Site | Database(s) | EDR ID Number EPA ID Number | |
|---------------------------------------|--|--------------------------------|--------------|
| YORKSHIP ELE SCHOOL (Continued) | | S102487723 | |
| Date: | Not reported | Time: | Not reported |
| Local Municipality: | | | |
| Name: | Not reported | Title: | Not reported |
| Phone: | Not reported | | |
| Date: | Not reported | Time: | 17:32 |
| Other: | | | |
| Name: | Not reported | Title: | Not reported |
| Phone: | Not reported | | |
| Date: | Not reported | Time: | Not reported |
| Incident: | | | |
| Name: | Not reported | Referred To: | Not reported |
| Region: | Not reported | Telephone: | Not reported |
| Date: | Not reported | Incident Time: | Not reported |
| ITM: | Not reported | | |
| Incident Description: | U.S.T. | | |
| Wind Direction/Speed: | Not reported | | |
| Assistance Requested: | No | | |
| Date A310 Letter Printed: | Not reported | | |
| Date Local Authority Was Notified: | Not reported | | |
| Date Update: | Not reported | | |
| Date Report Faxed to Local Authority: | Not reported | | |
| Local Authority Notification Date 1: | Not reported | | |
| Local Authority Notification Date 2: | Not reported | | |
| Local Authority Notification Date 3: | Not reported | | |
| Status at Spill: | 1-5500 GAL UST AND 1-3000 GAL UST REMOVED,CALLER WAS UNAWARE OF 3000 GAL UST AT TIME OF REMOVAL.CLEANUP BEING DONE. UST 0300089. | | |
| | TMS-C94-1617 | | |
| Comments: | Not reported | | |

LENARD HICKS CORNER OF CHURCH ST CAMDEN, NJ

NJ Release S102205544
NJ Spills N/A

NJ Release:

| | | | |
|--------------------|---------------------|----------------------|----------------|
| Facility ID: | 9802 | Case Number: | 94-6-6-2015-33 |
| Date Received: | 06/06/1994 | Operator: | KIM |
| Location: | Other | Nature of Incident: | Citizen |
| Facility Phone: | Not reported | Facility Type: | Residential |
| Date of Incident: | 06/06/1994 | Time of Incident: | ONGO |
| Substance(s): | OIL MOTOR | | |
| Substance Type: | Liquid | Substance Identity: | Known |
| A310 Letter: | Yes | TCPA Chemical: | No |
| Hazrds Material: | Yes | CAS Number: | Not reported |
| COMU: | 0408 | Ref. Code: | 101 |
| Amnt Released: | UNKNOWN | Release VE: | Not reported |
| Release Type: | Continuous | Contained: | No |
| Injuries: | No | Facility Evacuation: | No |
| Public Exposure: | No | Public Evacuation: | No |
| Police at Scene: | No | Firemen at Scene: | No |
| Contamination of: | Land,Water | Receiving Water: | UNKNOWN |
| Caller: | | | |
| Name: | ANONYMOUS | Title: | CITIZEN |
| Address: | NJ | | |
| Telephone: | Not reported | | |
| Responsible Party: | | | |
| Name: | Known | Company: | LENARD HICKS |
| Contact: | Not reported | Title: | Not reported |
| Address: | CORNER OF CHURCH ST | | |

DETAILED ORPHAN LISTING

| Site | Database(s) | | EDR ID Number |
|---|----------------------|----------------|---------------|
| | | | EPA ID Number |
| LENARD HICKS (Continued) | | | S102205544 |
| County: CAMDEN, NJ | Telephone: | Not reported | |
| NJ Spill: CAMDEN | Title: | FAXED | |
| Name: OEM | Time: | Not reported | |
| Telephone: 609-882-2000 | Municipality Title: | DISP 762 | |
| Date: 06/06/1994 | Time: | 20:21 | |
| Local Municipality: | Title: | Not reported | |
| Name: CAMDEN CITY | Time: | Not reported | |
| Telephone: 609-757-7400 | Referred To: | DRPSR | |
| Date: 06/06/1994 | Telephone: | Faxed,Mailed | |
| Other: | Incident Time: | Not reported | |
| Name: Not reported | | | |
| Telephone: Not reported | | | |
| Date: Not reported | | | |
| Incident: | | | |
| Name: Not reported | | | |
| Region: BFO-CAS | | | |
| Date: 06/06/1994 | | | |
| ITM: B | | | |
| Incident Description: Illegal Dumping | | | |
| Wind Direction/Speed: Not reported | | | |
| Assistance Requested: Yes | | | |
| Date A310 Letter Printed: 06/06/1994 | | | |
| Date Local Authority Was Notified: Not reported | | | |
| Date Update: Not reported | | | |
| Date Report Faxed to Local Authority: Not reported | | | |
| Local Authority Notification Date 1: Not reported | | | |
| Local Authority Notification Date 2: Not reported | | | |
| Local Authority Notification Date 3: Not reported | | | |
| Status at Spill: SUSPECT NEIGHBOR DUMPING OIL DOWN STORM DRAIN. | | | |
| Comments: Not reported | | | |
| NJ Spill: | Case Number: | 94-6-6-2015-33 | |
| Facility ID: 9802 | Operator: | KIM | |
| Date Received: 06/06/1994 | Nature of Incident: | Citizen | |
| Location: Other | Facility Type: | Residential | |
| Facility Phone: Not reported | Time of Incident: | ONGO | |
| Date of Incident: 06/06/1994 | Substance Identity: | Known | |
| Substance(s): OIL MOTOR | TCPA Chemical: | No | |
| Substance Type: Liquid | CAS Number: | Not reported | |
| A310 Letter: Yes | Ref. Code: | 101 | |
| Hazrds Material: Yes | Release VE: | Not reported | |
| COMU: 0408 | Contained: | No | |
| Amnt Released: UNKNOWN | Facility Evacuation: | No | |
| Release Type: Continuous | Public Evacuation: | No | |
| Injuries: No | Firemen at Scene: | No | |
| Public Exposure: No | Receiving Water: | UNKNOWN | |
| Police at Scene: No | | | |
| Contamination of: Land,Water | | | |
| Caller: | Title: | CITIZEN | |
| Name: ANONYMOUS | | | |
| Address: NJ | | | |
| Phone: Not reported | | | |
| Responsible Party: | Company: | LENARD HICKS | |
| Name: Known | Title: | Not reported | |
| Contact: Not reported | | | |
| Address: CORNER OF CHURCH ST | | | |

DETAILED ORPHAN LISTING

| Site | Database(s) | EDR ID Number EPA ID Number |
|------|-------------|--------------------------------|
|------|-------------|--------------------------------|

LENARD HICKS (Continued)

S102205544

| | | | |
|---------------------------------------|--|----------------|--------------|
| County: | CAMDEN, NJ | Phone: | Not reported |
| NJ Spill: | CAMDEN | Title: | FAXED |
| Name: | OEM | Time: | Not reported |
| Phone: | 609-882-2000 | Title: | DISP 762 |
| Date: | 06/06/1994 | Time: | 20:21 |
| Local Municipality: | | Title: | Not reported |
| Name: | CAMDEN CITY | Time: | Not reported |
| Phone: | 609-757-7400 | Referred To: | DRPSR |
| Date: | 06/06/1994 | Telephone: | Faxed,Mailed |
| Other: | | Incident Time: | Not reported |
| Name: | Not reported | | |
| Phone: | Not reported | | |
| Date: | Not reported | | |
| Incident: | | | |
| Name: | Not reported | | |
| Region: | BFO-CAS | | |
| Date: | 06/06/1994 | | |
| ITM: | B | | |
| Incident Description: | Illegal Dumping | | |
| Wind Direction/Speed: | Not reported | | |
| Assistance Requested: | Yes | | |
| Date A310 Letter Printed: | 06/06/1994 | | |
| Date Local Authority Was Notified: | Not reported | | |
| Date Update: | Not reported | | |
| Date Report Faxed to Local Authority: | Not reported | | |
| Local Authority Notification Date 1: | Not reported | | |
| Local Authority Notification Date 2: | Not reported | | |
| Local Authority Notification Date 3: | Not reported | | |
| Status at Spill: | SUSPECT NEIGHBOR DUMPING OIL DOWN STORM DRAIN. | | |
| Comments: | Not reported | | |

RIVERFRONT PRISON DELAWARE / ELMX5924 CAMDEN, NJ

NJ Release S102214177
NJ Spills N/A

| | | | |
|-------------------|---------------------|----------------------|-------------------|
| NJ Spill: | | Case Number: | 95-3-29-0952-53 |
| Facility ID: | 4425 | Operator: | JIMH |
| Date Received: | 03/29/1995 | Nature of Incident: | Facility |
| Location: | Facility | Facility Type: | Residential |
| Facility Phone: | 609-225-5700 | Time of Incident: | Not reported |
| Date of Incident: | 03/23/1995 | Substance Identity: | Known |
| Substance(s): | GASOLINE | TCPA Chemical: | No |
| Substance Type: | Liquid | CAS Number: | Not reported |
| A310 Letter: | Yes | Ref. Code: | 101 |
| Hazrds Material: | Yes | Release VE: | Not reported |
| COMU: | 0408 | Contained: | Unknown |
| Amnt Released: | UNK | Facility Evacuation: | No |
| Release Type: | Not reported | Public Evacuation: | No |
| Injuries: | No | Firemen at Scene: | No |
| Public Exposure: | No | Receiving Water: | Not reported |
| Police at Scene: | No | | |
| Contamination of: | Land | | |
| Caller: | | Title: | RIVERFRONT PRISON |
| Name: | MR. MCCARTHY | | |
| Address: | DELAWARE & ELMX5924 | | |
| | CAMDEN, NJ | | |
| Phone: | 609-225-5700 | | |

DETAILED ORPHAN LISTING

| Site | Database(s) | EDR ID Number EPA ID Number |
|------|-------------|--------------------------------|
|------|-------------|--------------------------------|

RIVERFRONT PRISON (Continued)

S102214177

| | | | |
|--|--|-----------------------|-------------------|
| Responsible Party: | | Company: | RIVERFRONT PRISON |
| Name: | Known | Title: | ENGINEER |
| Contact: | MR. MCCARTHY | | |
| Address: | DELAWARE & ELMX5924 | | |
| | CAMDEN, NJ | | |
| County: | CAMDEN | Phone: | 609-225-5700 |
| NJ Spill: | | | |
| Name: | Not reported | Title: | Not reported |
| Phone: | Not reported | | |
| Date: | Not reported | Time: | Not reported |
| Local Municipality: | | | |
| Name: | CAMDEN CITY | Title: | OPER 703 |
| Phone: | 609-757-7400 | | |
| Date: | 03/29/1995 | Time: | 09:56 |
| Other: | | | |
| Name: | Not reported | Title: | Not reported |
| Phone: | Not reported | | |
| Date: | Not reported | Time: | Not reported |
| Incident: | | | |
| Name: | Not reported | Referred To: | DRPSR |
| Region: | BFO-CAS | Telephone: | Faxed,Mailed |
| Date: | 03/29/1995 | Incident Time: | Not reported |
| ITM: | B | | |
| Incident Description: | U.S.T. | | |
| Wind Direction/Speed: | Not reported | | |
| Assistance Requested: | No | | |
| Date A310 Letter Printed: | Not reported | | |
| Date Local Authority Was Notified: | Not reported | | |
| Date Update: | Not reported | | |
| Date Report Faxed to Local Authority: | Not reported | | |
| Local Authority Notification Date 1: | Not reported | | |
| Local Authority Notification Date 2: | Not reported | | |
| Local Authority Notification Date 3: | Not reported | | |
| Status at Spill: | DURING TEST OF SOIL CONTAMINATION WAS FOUND. THIS IS A 4,000 GALLON TANK | | |
| Comments: | Not reported | | |

BLACKHORSE PIKE DRIVEINN MT EPHRAN / CRESENT CAMDEN, NJ

NJ Release S102214287
NJ Spills N/A

| | | | |
|--------------------------|----------------|-----------------------------|----------------|
| NJ Spill: | | Case Number: | 95-4-3-0909-50 |
| Facility ID: | 4657 | Operator: | JULIE1 |
| Date Received: | 04/03/1995 | Nature of Incident: | Municipal |
| Location: | Other | Facility Type: | Commercial |
| Facility Phone: | Not reported | Time of Incident: | UNK |
| Date of Incident: | 04/03/1995 | | |
| Substance(s): | UNKNOWN LIQUID | Substance Identity: | Unknown |
| Substance Type: | Liquid | TCPA Chemical: | Unknown |
| A310 Letter: | No | CAS Number: | Not reported |
| Hazrds Material: | Unknown | Ref. Code: | 002 |
| COMU: | 0408 | Release VE: | Not reported |
| Amnt Released: | UNKNOWN | Contained: | No |
| Release Type: | Terminated | Facility Evacuation: | No |
| Injuries: | No | Public Evacuation: | No |
| Public Exposure: | No | Firemen at Scene: | No |
| Police at Scene: | No | Receiving Water: | UNKNOWN |
| Contamination of: | Land,Water | | |

DETAILED ORPHAN LISTING

| Site | Database(s) | EDR ID Number | EPA ID Number |
|---|-------------|---------------|---------------|
| BLACKHORSE PIKE DRIVEINN (Continued) | | S102214287 | |
| <p> Caller: Name: TOM BARROW Address: CAMDEN, NJ Phone: 609-757-7624 Title: DEPT ENVIRO AFFAIR </p> | | | |
| <p> Responsible Party: Name: UnKnown Contact: Not reported Address: Not reported County: Not reported Company: Not reported Title: Not reported Phone: Not reported </p> | | | |
| <p> NJ Spill: Name: OEM Phone: Not reported Date: 04/03/1995 Title: FAXED Time: Not reported </p> | | | |
| <p> Local Municipality: Name: Not reported Phone: Not reported Date: Not reported Title: Not reported Time: Not reported </p> | | | |
| <p> Other: Name: Not reported Phone: Not reported Date: Not reported Title: Not reported Time: Not reported </p> | | | |
| <p> Incident: Name: BOB WINTERBURN Region: ER2 Date: 04/03/1995 ITM: B Referred To: DRPSR Telephone: Office, Faxed Incident Time: 09:13 </p> | | | |
| <p> Name: Not reported Region: HQ1 Date: 04/03/1995 ITM: M Referred To: DCR Telephone: Not reported Incident Time: Not reported </p> | | | |
| <p> Name: Not reported Region: HQ1 Date: 04/03/1995 ITM: T Referred To: DCR Telephone: Faxed Incident Time: Not reported </p> | | | |
| <p> Incident Description: Illegal Dumping Wind Direction/Speed: Not reported Assistance Requested: Yes Date A310 Letter Printed: Not reported Date Local Authority Was Notified: Not reported Date Update: Not reported Date Report Faxed to Local Authority: Not reported Local Authority Notification Date 1: Not reported Local Authority Notification Date 2: Not reported Local Authority Notification Date 3: Not reported Status at Spill: UNKNOWN HAZ-WASTE SUSPECTED OF BEING BURIED AT CLOSED SITE BEING DEMOLISHED. WETLANDS AREA POSS BEING CONTAMINATED AND BLOCK BY DEBRIS. Comments: SITE LOCATION BLCK 715 LOT 1, 18 & 19/ALT CONTACT PHONE NUMBER 757-7139 </p> | | | |

RESIDENTS AT 3016 + 3025
ESSEX RD
CAMDEN, NJ

NJ Release S102216233
NJ Spills N/A

| | |
|--|--|
| NJ Release: Facility ID: 8352 Date Received: 06/04/1995 Location: Other Facility Phone: Not reported Date of Incident: 06/04/1995 | Case Number: 95-6-4-1350-49 Operator: YOUNG Nature of Incident: Citizen Facility Type: Residential Time of Incident: ONGO |
|--|--|

DETAILED ORPHAN LISTING

| Site | Database(s) | EDR ID Number EPA ID Number |
|---|---|--------------------------------|
| RESIDENTS AT 3016 + 3025 (Continued) | | S102216233 |
| <p>Substance(s): OIL MOTOR</p> <p>Substance Type: Liquid</p> <p>A310 Letter: Yes</p> <p>Hazrds Material: Yes</p> <p>COMU: 0408</p> <p>Amnt Released: UNKNOWN</p> <p>Release Type: Intermittent</p> <p>Injuries: No</p> <p>Public Exposure: No</p> <p>Police at Scene: No</p> <p>Contamination of: Land</p> <p>Caller:</p> <p>Name: ANONYMOUS</p> <p>Address: CAMDEN, NJ</p> <p>Telephone: Not reported</p> <p>Responsible Party:</p> <p>Name: Known</p> <p>Contact: Not reported</p> <p>Address: 3016+2025 ESSEX CAMDEN, NJ</p> <p>County: CAMDEN</p> <p>NJ Spill:</p> <p>Name: Not reported</p> <p>Telephone: Not reported</p> <p>Date: Not reported</p> <p>Local Municipality:</p> <p>Name: CAMDEN CITY</p> <p>Telephone: 609-757-7400</p> <p>Date: 06/04/1995</p> <p>Other:</p> <p>Name: Not reported</p> <p>Telephone: Not reported</p> <p>Date: Not reported</p> <p>Incident:</p> <p>Name: Not reported</p> <p>Region: BFO-CAS</p> <p>Date: 06/04/1995</p> <p>ITM: B</p> <p>Incident Description: Illegal Dumping</p> <p>Wind Direction/Speed: Not reported</p> <p>Assistance Requested: Yes</p> <p>Date A310 Letter Printed: 06/04/1995</p> <p>Date Local Authority Was Notified: Not reported</p> <p>Date Update: Not reported</p> <p>Date Report Faxed to Local Authority: 06/04/1995</p> <p>Local Authority Notification Date 1: Not reported</p> <p>Local Authority Notification Date 2: Not reported</p> <p>Local Authority Notification Date 3: Not reported</p> <p>Status at Spill: RESIDENTS AT BOTH LOCATIONS ARE DUMPING USED MOTOR OIL ONTO THE GROUND ON THEIR PROPERTY WITH NO CLEANUP.</p> <p>Comments: CORRECTED COPY. KMY</p> <p>NJ Spill:</p> <p>Facility ID: 8352</p> <p>Date Received: 06/04/1995</p> <p>Location: Other</p> <p>Facility Phone: Not reported</p> | <p>Substance Identity: Known</p> <p>TCPA Chemical: No</p> <p>CAS Number: Not reported</p> <p>Ref. Code: 101</p> <p>Release VE: Not reported</p> <p>Contained: Yes</p> <p>Facility Evacuation: No</p> <p>Public Evacuation: No</p> <p>Firemen at Scene: No</p> <p>Receiving Water: NONE</p> <p>Title: CITIZEN</p> <p>Company: Not reported</p> <p>Title: Not reported</p> <p>Telephone: Not reported</p> <p>Title: Not reported</p> <p>Time: Not reported</p> <p>Municipality Title: DISP #70</p> <p>Time: 13:55</p> <p>Title: Not reported</p> <p>Time: Not reported</p> <p>Referred To: DRPSR</p> <p>Telephone: Faxed,Mailed</p> <p>Incident Time: Not reported</p> <p>Case Number: 95-6-4-1350-49</p> <p>Operator: YOUNG</p> <p>Nature of Incident: Citizen</p> <p>Facility Type: Residential</p> | |

DETAILED ORPHAN LISTING

| Site | Database(s) | EDR ID Number EPA ID Number |
|--|--|--------------------------------|
| RESIDENTS AT 3016 + 3025 (Continued) | | S102216233 |
| <p>Date of Incident: 06/04/1995</p> <p>Substance(s): OIL MOTOR</p> <p>Substance Type: Liquid</p> <p>A310 Letter: Yes</p> <p>Hazrds Material: Yes</p> <p>COMU: 0408</p> <p>Amnt Released: UNKNOWN</p> <p>Release Type: Intermittent</p> <p>Injuries: No</p> <p>Public Exposure: No</p> <p>Police at Scene: No</p> <p>Contamination of: Land</p> <p>Caller:</p> <p>Name: ANONYMOUS</p> <p>Address: CAMDEN, NJ</p> <p>Phone: Not reported</p> <p>Responsible Party:</p> <p>Name: Known</p> <p>Contact: Not reported</p> <p>Address: 3016+2025 ESSEX</p> <p>CAMDEN, NJ</p> <p>County: CAMDEN</p> <p>NJ Spill:</p> <p>Name: Not reported</p> <p>Phone: Not reported</p> <p>Date: Not reported</p> <p>Local Municipality:</p> <p>Name: CAMDEN CITY</p> <p>Phone: 609-757-7400</p> <p>Date: 06/04/1995</p> <p>Other:</p> <p>Name: Not reported</p> <p>Phone: Not reported</p> <p>Date: Not reported</p> <p>Incident:</p> <p>Name: Not reported</p> <p>Region: BFO-CAS</p> <p>Date: 06/04/1995</p> <p>ITM: B</p> <p>Incident Description: Illegal Dumping</p> <p>Wind Direction/Speed: Not reported</p> <p>Assistance Requested: Yes</p> <p>Date A310 Letter Printed: 06/04/1995</p> <p>Date Local Authority Was Notified: Not reported</p> <p>Date Update: Not reported</p> <p>Date Report Faxed to Local Authority: 06/04/1995</p> <p>Local Authority Notification Date 1: Not reported</p> <p>Local Authority Notification Date 2: Not reported</p> <p>Local Authority Notification Date 3: Not reported</p> <p>Status at Spill: RESIDENTS AT BOTH LOCATIONS ARE DUMPING USED MOTOR OIL ONTO THE GROUND ON THEIR PROPERTY WITH NO CLEANUP.</p> <p>Comments: CORRECTED COPY. KMY</p> | <p>Time of Incident: ONGO</p> <p>Substance Identity: Known</p> <p>TCPA Chemical: No</p> <p>CAS Number: Not reported</p> <p>Ref. Code: 101</p> <p>Release VE: Not reported</p> <p>Contained: Yes</p> <p>Facility Evacuation: No</p> <p>Public Evacuation: No</p> <p>Firemen at Scene: No</p> <p>Receiving Water: NONE</p> <p>Title: CITIZEN</p> <p>Company: Not reported</p> <p>Title: Not reported</p> <p>Phone: Not reported</p> <p>Title: Not reported</p> <p>Time: Not reported</p> <p>Title: DISP #70</p> <p>Time: 13:55</p> <p>Title: Not reported</p> <p>Time: Not reported</p> <p>Referred To: DRPSR</p> <p>Telephone: Faxed, Mailed</p> <p>Incident Time: Not reported</p> | |

DETAILED ORPHAN LISTING

| Site | Database(s) | EDR ID Number EPA ID Number |
|---|---------------------------------|--------------------------------|
| CAMDEN RES & RECOVERY FAIRVIEW ST CAMDEN, NJ | NJ Release NJ Spills | S102199824 N/A |
| <div> <div> <p>NJ Release:</p> <p>Facility ID: 19886</p> <p>Date Received: 11/24/1993</p> <p>Location: Facility</p> <p>Facility Phone: UNK</p> <p>Date of Incident: 11/24/1993</p> <p>Substance(s): OIL HYDRAULIC</p> <p>Substance Type: Liquid</p> <p>A310 Letter: Yes</p> <p>Hazrds Material: Yes</p> <p>COMU: 0408</p> <p>Amnt Released: 10 GAL</p> <p>Release Type: Terminated</p> <p>Injuries: No</p> <p>Public Exposure: No</p> <p>Police at Scene: No</p> <p>Contamination of: Land</p> <p>Caller:</p> <p>Name: CHRIS BOYLE</p> <p>Address: Not reported</p> <p>Telephone: 609-691-0528</p> <p>Responsible Party:</p> <p>Name: Known</p> <p>Contact: CHRIS BOYLE</p> <p>Address: 1490 SW BLVD VINELAND, NJ</p> <p>County: CUMBERLAND</p> <p>NJ Spill:</p> <p>Name: Not reported</p> <p>Telephone: Not reported</p> <p>Date: Not reported</p> <p>Local Municipality:</p> <p>Name: CAMDEN CITY</p> <p>Telephone: 609-757-7400</p> <p>Date: 11/24/1993</p> <p>Other:</p> <p>Name: Not reported</p> <p>Telephone: Not reported</p> <p>Date: Not reported</p> <p>Incident:</p> <p>Name: Not reported</p> <p>Region: BFO-SA</p> <p>Date: 11/24/1993</p> <p>ITM: B</p> <p>Incident Description: Spill</p> <p>Wind Direction/Speed: Not reported</p> <p>Assistance Requested: No</p> <p>Date A310 Letter Printed: Not reported</p> <p>Date Local Authority Was Notified: Not reported</p> <p>Date Update: Not reported</p> <p>Date Report Faxed to Local Authority: Not reported</p> <p>Local Authority Notification Date 1: Not reported</p> <p>Local Authority Notification Date 2: Not reported</p> <p>Local Authority Notification Date 3: Not reported</p> </div> <div> <p>Case Number: 93-11-24-1442-19</p> <p>Operator: JOES</p> <p>Nature of Incident: Facility</p> <p>Facility Type: Industrial</p> <p>Time of Incident: 14:00</p> <p>Substance Identity: Known</p> <p>TCPA Chemical: No</p> <p>CAS Number: Not reported</p> <p>Ref. Code: 101</p> <p>Release VE: Estimate</p> <p>Contained: Yes</p> <p>Facility Evacuation: No</p> <p>Public Evacuation: No</p> <p>Firemen at Scene: No</p> <p>Receiving Water: Not reported</p> <p>Title: MAR-TEE CONTRACTOR</p> <p>Company: MAR-TEE CONTRACTORS</p> <p>Title: SUPV</p> <p>Telephone: 609-691-0528</p> <p>Title: Not reported</p> <p>Time: Not reported</p> <p>Municipality Title: DISP 764</p> <p>Time: 14:43</p> <p>Title: Not reported</p> <p>Time: Not reported</p> <p>Referred To: DRPSR</p> <p>Telephone: Faxed,Mailed</p> <p>Incident Time: Not reported</p> </div> </div> | | |

DETAILED ORPHAN LISTING

Site

Database(s)

EDR ID Number
EPA ID Number

CAMDEN RES & RECOVERY (Continued)

S102199824

Status at Spill: HYD LINE ON GARBAGE TRUCK RUPTURED LINE AT FACILITY,CLEANUP BEING DONE.

Comments: Not reported

NJ Spill:

Facility ID: 19886
Date Received: 11/24/1993
Location: Facility
Facility Phone: UNK
Date of Incident: 11/24/1993
Substance(s): OIL HYDRAULIC
Substance Type: Liquid
A310 Letter: Yes
Hazrds Material: Yes
COMU: 0408
Amnt Released: 10 GAL
Release Type: Terminated
Injuries: No
Public Exposure: No
Police at Scene: No
Contamination of: Land

Caller:

Name: CHRIS BOYLE
Address: Not reported
Phone: 609-691-0528

Responsible Party:

Name: Known
Contact: CHRIS BOYLE
Address: 1490 SW BLVD
VINELAND, NJ
County: CUMBERLAND

NJ Spill:

Name: Not reported
Phone: Not reported
Date: Not reported

Local Municipality:

Name: CAMDEN CITY
Phone: 609-757-7400
Date: 11/24/1993

Other:

Name: Not reported
Phone: Not reported
Date: Not reported

Incident:

Name: Not reported
Region: BFO-SA
Date: 11/24/1993
ITM: B

Incident Description:

Wind Direction/Speed: Not reported
Assistance Requested: No
Date A310 Letter Printed: Not reported
Date Local Authority Was Notified: Not reported
Date Update: Not reported
Date Report Faxed to Local Authority: Not reported
Local Authority Notification Date 1: Not reported
Local Authority Notification Date 2: Not reported

Case Number: 93-11-24-1442-19
Operator: JOES
Nature of Incident: Facility
Facility Type: Industrial
Time of Incident: 14:00

Substance Identity: Known
TCPA Chemical: No
CAS Number: Not reported
Ref. Code: 101
Release VE: Estimate
Contained: Yes
Facility Evacuation: No
Public Evacuation: No
Firemen at Scene: No
Receiving Water: Not reported

Title: MAR-TEE CONTRACTOR

Company: MAR-TEE CONTRACTORS
Title: SUPV

Phone: 609-691-0528

Title: Not reported

Time: Not reported

Title: DISP 764

Time: 14:43

Title: Not reported

Time: Not reported

Referred To: DRPSR
Telephone: Faxed,Mailed
Incident Time: Not reported

DETAILED ORPHAN LISTING

| Site | Database(s) | EDR ID Number EPA ID Number |
|--|---------------------------------|--------------------------------|
| <hr/> | | |
| CAMDEN RES & RECOVERY (Continued) | | S102199824 |
| Local Authority Notification Date 3: Not reported | | |
| Status at Spill: HYD LINE ON GARBAGE TRUCK RUPTURED LINE AT FACILITY,CLEANUP BEING DONE. | | |
| Comments: Not reported | | |
| <hr/> | | |
| SYLVIA'S RESTAURANT FEDERAL / 5TH STS NW CAMDEN, NJ | SHWS | S102875034 N/A |
| SHWS: | | |
| Facility ID: NJL800166282 | Case ID: 950829170915 | |
| Case Status: ACTIVE | Status Date: 02/13/1997 | |
| Contact: BFO-S | | |
| Facility Status: OPEN | | |
| CEA/DER: Not reported | | |
| <hr/> | | |
| CAMDEN AMPHITHEATER FOOT OF CLINTON ST CAMDEN, NJ | SHWS | S103029729 N/A |
| SHWS: | | |
| Facility ID: NJ0000048983 | Case ID: NJ0000048983 | |
| Case Status: ACTIVE | Status Date: 11/10/1994 | |
| Contact: BSCM | | |
| Facility Status: OPEN | | |
| CEA/DER: Not reported | | |
| <hr/> | | |
| DISTASIO CHEVROLET HADDON AVE CAMDEN, NJ | SHWS | S103029741 N/A |
| SHWS: | | |
| Facility ID: NJL800226110 | Case ID: 960524095558 | |
| Case Status: ACTIVE | Status Date: 08/12/1996 | |
| Contact: BFO-S | | |
| Facility Status: OPEN | | |
| CEA/DER: Not reported | | |
| <hr/> | | |
| ON ROADWAY 35 / HARRINGTON CAMDEN, NJ | NJ Release NJ Spills | S102196428 N/A |
| NJ Release: | | |
| Facility ID: 13091 | Case Number: 93-8-3-2007-51 | |
| Date Received: 08/03/1993 | Operator: DAVE | |
| Location: Other | Nature of Incident: Other | |
| Facility Phone: Not reported | Facility Type: Residential | |
| Date of Incident: 08/03/1993 | Time of Incident: 19:00 | |
| Substance(s): OIL HYDRAULIC | | |
| Substance Type: Liquid | Substance Identity: Known | |
| A310 Letter: Yes | TCPA Chemical: No | |
| Hazrds Material: Yes | CAS Number: Not reported | |
| COMU: 0408 | Ref. Code: 101 | |
| Amnt Released: 8 GAL | Release VE: Estimate | |
| Release Type: Terminated | Contained: Yes | |
| Injuries: No | Facility Evacuation: No | |
| Public Exposure: No | Public Evacuation: No | |

DETAILED ORPHAN LISTING

| Site | Database(s) | EDR ID Number | EPA ID Number |
|---|-------------------------------|---------------|---------------|
| ON ROADWAY (Continued) | | S102196428 | |
| Police at Scene: No | Firemen at Scene: No | | |
| Contamination of: Land | Receiving Water: Not reported | | |
| Caller: | | | |
| Name: CHRIS BOYLE | Title: OCONNOR CORP | | |
| Address: 1001 FAIRVIEW | | | |
| CAMDEN, NJ | | | |
| Telephone: 609-541-2751 | | | |
| Responsible Party: | | | |
| Name: Known | Company: O CONNOR CORP | | |
| Contact: CHRIS BOYLE | Title: SUPER | | |
| Address: 1001 FAIRVIEW | | | |
| CAMDEN, NJ | | | |
| County: CAMDEN | Telephone: 609-541-2751 | | |
| NJ Spill: | | | |
| Name: Not reported | Title: Not reported | | |
| Telephone: Not reported | | | |
| Date: Not reported | Time: Not reported | | |
| Local Municipality: | | | |
| Name: CAMDEN CITY | Municipality Title: DISP 764 | | |
| Telephone: 609-757-7400 | | | |
| Date: 08/03/1993 | Time: 20:11 | | |
| Other: | | | |
| Name: Not reported | Title: Not reported | | |
| Telephone: Not reported | | | |
| Date: Not reported | Time: Not reported | | |
| Incident: | | | |
| Name: Not reported | Referred To: DRPSR | | |
| Region: BFO-SA | Telephone: Not reported | | |
| Date: 08/03/1993 | Incident Time: Not reported | | |
| ITM: B | | | |
| Incident Description: Spill | | | |
| Wind Direction/Speed: Not reported | | | |
| Assistance Requested: No | | | |
| Date A310 Letter Printed: Not reported | | | |
| Date Local Authority Was Notified: Not reported | | | |
| Date Update: Not reported | | | |
| Date Report Faxed to Local Authority: Not reported | | | |
| Local Authority Notification Date 1: Not reported | | | |
| Local Authority Notification Date 2: Not reported | | | |
| Local Authority Notification Date 3: Not reported | | | |
| Status at Spill: HOSE BROKE ON TRUCK CAUSING SPILL. RP DID CLEANUP. | | | |
| Comments: Not reported | | | |
| NJ Spill: | | | |
| Facility ID: 13091 | Case Number: 93-8-3-2007-51 | | |
| Date Received: 08/03/1993 | Operator: DAVE | | |
| Location: Other | Nature of Incident: Other | | |
| Facility Phone: Not reported | Facility Type: Residential | | |
| Date of Incident: 08/03/1993 | Time of Incident: 19:00 | | |
| Substance(s): OIL HYDRAULIC | | | |
| Substance Type: Liquid | Substance Identity: Known | | |
| A310 Letter: Yes | TCPA Chemical: No | | |
| Hazrds Material: Yes | CAS Number: Not reported | | |
| COMU: 0408 | Ref. Code: 101 | | |
| Amnt Released: 8 GAL | Release VE: Estimate | | |
| Release Type: Terminated | Contained: Yes | | |
| Injuries: No | Facility Evacuation: No | | |

DETAILED ORPHAN LISTING

| Site | Database(s) | EDR ID Number EPA ID Number |
|---|-------------------------------|--------------------------------|
| ON ROADWAY (Continued) | | S102196428 |
| Public Exposure: No | Public Evacuation: No | |
| Police at Scene: No | Firemen at Scene: No | |
| Contamination of: Land | Receiving Water: Not reported | |
| Caller: | | |
| Name: CHRIS BOYLE | Title: OCONNOR CORP | |
| Address: 1001 FAIRVIEW | | |
| CAMDEN, NJ | | |
| Phone: 609-541-2751 | | |
| Responsible Party: | | |
| Name: Known | Company: O CONNOR CORP | |
| Contact: CHRIS BOYLE | Title: SUPER | |
| Address: 1001 FAIRVIEW | | |
| CAMDEN, NJ | | |
| County: CAMDEN | Phone: 609-541-2751 | |
| NJ Spill: | | |
| Name: Not reported | Title: Not reported | |
| Phone: Not reported | | |
| Date: Not reported | Time: Not reported | |
| Local Municipality: | | |
| Name: CAMDEN CITY | Title: DISP 764 | |
| Phone: 609-757-7400 | | |
| Date: 08/03/1993 | Time: 20:11 | |
| Other: | | |
| Name: Not reported | Title: Not reported | |
| Phone: Not reported | | |
| Date: Not reported | Time: Not reported | |
| Incident: | | |
| Name: Not reported | Referred To: DRPSR | |
| Region: BFO-SA | Telephone: Not reported | |
| Date: 08/03/1993 | Incident Time: Not reported | |
| ITM: B | | |
| Incident Description: Spill | | |
| Wind Direction/Speed: Not reported | | |
| Assistance Requested: No | | |
| Date A310 Letter Printed: Not reported | | |
| Date Local Authority Was Notified: Not reported | | |
| Date Update: Not reported | | |
| Date Report Faxed to Local Authority: Not reported | | |
| Local Authority Notification Date 1: Not reported | | |
| Local Authority Notification Date 2: Not reported | | |
| Local Authority Notification Date 3: Not reported | | |
| Status at Spill: HOSE BROKE ON TRUCK CAUSING SPILL. RP DID CLEANUP. | | |
| Comments: Not reported | | |

**BEHIND
1214 HARRISON AVE
CAMDEN, NJ**

**NJ Release S102190505
NJ Spills N/A**

NJ Release:

Facility ID: 914
Date Received: 01/20/1993
Location: Other
Facility Phone: Not reported
Date of Incident: 01/20/1993
Substance(s): DRUMS, ABANDONED, LEAKING
Substance Type: Liquid
A310 Letter: No
Hazrds Material: Unknown

Case Number: 93-1-20-1230-13
Operator: JIMS
Nature of Incident: Municipal
Facility Type: Rural
Time of Incident: 11:00

Substance Identity: Known
TCPA Chemical: Unknown
CAS Number: N/A

DETAILED ORPHAN LISTING

| Site | Database(s) | EDR ID Number | EPA ID Number |
|---|----------------------------------|---------------|---------------|
| BEHIND (Continued) | | S102190505 | |
| COMU: 0408 | Ref. Code: 002 | | |
| Amnt Released: UNKNOWN | Release VE: Not reported | | |
| Release Type: Terminated | Contained: No | | |
| Injuries: No | Facility Evacuation: No | | |
| Public Exposure: No | Public Evacuation: No | | |
| Police at Scene: No | Firemen at Scene: No | | |
| Contamination of: Land | Receiving Water: Not reported | | |
| Caller: | | | |
| Name: NANCY WILSON | Title: CAMDEN CTY HD | | |
| Address: FOR CAMDEN CITY | | | |
| Telephone: 609-757-8619 | | | |
| Responsible Party: | | | |
| Name: UnKnown | Company: Not reported | | |
| Contact: Not reported | Title: Not reported | | |
| Address: Not reported | | | |
| County: Not reported | Telephone: Not reported | | |
| NJ Spill: | | | |
| Name: Not reported | Title: Not reported | | |
| Telephone: Not reported | | | |
| Date: Not reported | Time: Not reported | | |
| Local Municipality: | | | |
| Name: Not reported | Municipality Title: Not reported | | |
| Telephone: Not reported | | | |
| Date: Not reported | Time: Not reported | | |
| Other: | | | |
| Name: Not reported | Title: Not reported | | |
| Telephone: Not reported | | | |
| Date: Not reported | Time: Not reported | | |
| Incident: | | | |
| Name: ROB SCHRADER | Referred To: DRPSR | | |
| Region: ER2 | Telephone: Office, Faxed | | |
| Date: 01/20/1993 | Incident Time: 12:36 | | |
| ITM: B | | | |
| Incident Description: Abandoned Containers | | | |
| Wind Direction/Speed: Not reported | | | |
| Assistance Requested: No | | | |
| Date A310 Letter Printed: Not reported | | | |
| Date Local Authority Was Notified: Not reported | | | |
| Date Update: Not reported | | | |
| Date Report Faxed to Local Authority: Not reported | | | |
| Local Authority Notification Date 1: Not reported | | | |
| Local Authority Notification Date 2: Not reported | | | |
| Local Authority Notification Date 3: Not reported | | | |
| Status at Spill: 15 DRUMS ABANDONED PAST SPILLAGE NOTICED | | | |
| Comments: Not reported | | | |
| NJ Spill: | | | |
| Facility ID: 914 | Case Number: 93-1-20-1230-13 | | |
| Date Received: 01/20/1993 | Operator: JIMS | | |
| Location: Other | Nature of Incident: Municipal | | |
| Facility Phone: Not reported | Facility Type: Rural | | |
| Date of Incident: 01/20/1993 | Time of Incident: 11:00 | | |
| Substance(s): DRUMS, ABANDONED, LEAKING | | | |
| Substance Type: Liquid | Substance Identity: Known | | |
| A310 Letter: No | TCPA Chemical: Unknown | | |
| Hazds Material: Unknown | CAS Number: N/A | | |
| COMU: 0408 | Ref. Code: 002 | | |

DETAILED ORPHAN LISTING

| Site | Database(s) | EDR ID Number EPA ID Number |
|--|--|--------------------------------|
| BEHIND (Continued) | | S102190505 |
| Amnt Released: UNKNOWN Release Type: Terminated Injuries: No Public Exposure: No Police at Scene: No Contamination of: Land Caller: Name: NANCY WILSON Address: FOR CAMDEN CITY Phone: 609-757-8619 Responsible Party: Name: UnKnown Contact: Not reported Address: Not reported County: Not reported NJ Spill: Name: Not reported Phone: Not reported Date: Not reported Local Municipality: Name: Not reported Phone: Not reported Date: Not reported Other: Name: Not reported Phone: Not reported Date: Not reported Incident: Name: ROB SCHRADER Region: ER2 Date: 01/20/1993 ITM: B Incident Description: Abandoned Containers Wind Direction/Speed: Not reported Assistance Requested: No Date A310 Letter Printed: Not reported Date Local Authority Was Notified: Not reported Date Update: Not reported Date Report Faxed to Local Authority: Not reported Local Authority Notification Date 1: Not reported Local Authority Notification Date 2: Not reported Local Authority Notification Date 3: Not reported Status at Spill: 15 DRUMS ABANDONED PAST SPILLAGE NOTICED Comments: Not reported | Release VE: Not reported Contained: No Facility Evacuation: No Public Evacuation: No Firemen at Scene: No Receiving Water: Not reported Title: CAMDEN CTY HD Company: Not reported Title: Not reported Phone: Not reported Title: Not reported Time: Not reported Title: Not reported Time: Not reported Title: Not reported Time: Not reported Referred To: DRPSR Telephone: Office, Faxed Incident Time: 12:36 | |

WINSLOW SUB STATION
HAY ST
CAMDEN, NJ

NJ Release S102225589
NJ Spills N/A

NJ Release:

Facility ID: 6123
Date Received: 04/22/1996
Location: Facility
Facility Phone: 609-645-4902
Date of Incident: 04/22/1996
Substance(s): OIL TRANSFORMER NON-PCB
Substance Type: Liquid
A310 Letter: Yes

Case Number: 96-4-22-1652-26
Operator: KIM
Nature of Incident: Facility
Facility Type: Industrial
Time of Incident: 16:30

Substance Identity: Known
TCPA Chemical: No

DETAILED ORPHAN LISTING

Site

Database(s)

EDR ID Number

EPA ID Number

WINSLOW SUB STATION (Continued)

S102225589

| | | | |
|---------------------------------------|---|----------------------|-------------------|
| Hazrds Material: | Yes | CAS Number: | Not reported |
| COMU: | 0408 | Ref. Code: | 002 |
| Amnt Released: | UNKNOWN | Release VE: | Not reported |
| Release Type: | Continuous | Contained: | No |
| Injuries: | No | Facility Evacuation: | No |
| Public Exposure: | No | Public Evacuation: | No |
| Police at Scene: | Yes | Firemen at Scene: | Yes |
| Contamination of: | Land | Receiving Water: | NONE |
| Caller: | | | |
| Name: | JOE NAUMCHIK | Title: | ALTANTIC ELECTRIC |
| Address: | BLACK HORSE PIKE | | |
| | EGG HARBOR TWP, NJ | | |
| Telephone: | 609-645-4902 | | |
| Responsible Party: | | | |
| Name: | Known | Company: | ALTANTIC ELECTRIC |
| Contact: | JOE NAUMCHIK | Title: | SUPERINTENDE |
| Address: | BLACK HORSE PIKE | | |
| | EGG HARBOR TWP, NJ | | |
| County: | ATLANTIC | Telephone: | Not reported |
| NJ Spill: | | Title: | TPR NUTT |
| Name: | NJSP/OEM | Time: | 17:09 |
| Telephone: | 609-882-2000 | | |
| Date: | 04/22/1996 | Municipality Title: | DISP #707 |
| Local Municipality: | | Time: | 17:13 |
| Name: | CAMDEN CITY | Title: | Not reported |
| Telephone: | 609-757-7400 | Time: | Not reported |
| Date: | 04/22/1996 | | |
| Other: | | Referred To: | DRPSR |
| Name: | Not reported | Telephone: | Paged,Faxed |
| Telephone: | Not reported | Incident Time: | 17:03 |
| Date: | Not reported | | |
| Incident: | | | |
| Name: | MAC MCCREARY | | |
| Region: | ER2 | | |
| Date: | 04/22/1996 | | |
| ITM: | B | | |
| Incident Description: | Fire | | |
| Wind Direction/Speed: | Not reported | | |
| Assistance Requested: | No | | |
| Date A310 Letter Printed: | 04/22/1996 | | |
| Date Local Authority Was Notified: | Not reported | | |
| Date Update: | Not reported | | |
| Date Report Faxed to Local Authority: | 04/22/1996 | | |
| Local Authority Notification Date 1: | Not reported | | |
| Local Authority Notification Date 2: | Not reported | | |
| Local Authority Notification Date 3: | Not reported | | |
| Status at Spill: | 1/ 8,000 GAL POWER TRANSFORMER ON FIRE. CLEANUP IS SCHEDULED. | | |
| Comments: | Not reported | | |
| Facility ID: | 6123 | Case Number: | 96-4-22-1652-26 |
| Date Received: | 04/22/1996 | Operator: | KIM |
| Location: | Facility | Nature of Incident: | Facility |
| Facility Phone: | 609-645-4902 | Facility Type: | Industrial |
| Date of Incident: | 04/22/1996 | Time of Incident: | 16:30 |
| Substance(s): | OIL TRANSFORMER NON-PCB | Substance Identity: | Known |
| Substance Type: | Liquid | TCPA Chemical: | No |
| A310 Letter: | Yes | | |

DETAILED ORPHAN LISTING

| Site | Database(s) | EDR ID Number EPA ID Number |
|---|---|--------------------------------|
| WINSLOW SUB STATION (Continued) | | S102225589 |
| <p>Hazrds Material: Yes COMU: 0408 Amnt Released: UNKNOWN Release Type: Continuous Injuries: No Public Exposure: No Police at Scene: Yes Contamination of: Land Caller: Name: JOE NAUMCHIK Address: BLACK HORSE PIKE EGG HARBOR TWP, NJ Telephone: 609-645-4902 Responsible Party: Name: Known Contact: JOE NAUMCHIK Address: BLACK HORSE PIKE EGG HARBOR TWP, NJ County: ATLANTIC NJ Spill: Name: NJSP/OEM Telephone: 609-882-2000 Date: 04/22/1996 Local Municipality: Name: CAMDEN CITY Telephone: 609-757-7400 Date: 04/22/1996 Other: Name: Not reported Telephone: Not reported Date: Not reported Incident: Name: MAC MCCREARY Region: ER2 Date: 04/22/1996 ITM: B Incident Description: Fire Wind Direction/Speed: Not reported Assistance Requested: No Date A310 Letter Printed: 04/22/1996 Date Local Authority Was Notified: Not reported Date Update: Not reported Date Report Faxed to Local Authority: 04/22/1996 Local Authority Notification Date 1: Not reported Local Authority Notification Date 2: Not reported Local Authority Notification Date 3: Not reported Status at Spill: 1/ 8,000 GAL POWER TRANSFORMER ON FIRE. CLEANUP IS SCHEDULED. Comments: Not reported</p> | <p>CAS Number: Not reported Ref. Code: 002 Release VE: Not reported Contained: No Facility Evacuation: No Public Evacuation: No Firemen at Scene: Yes Receiving Water: NONE Title: ALTANTIC ELECTRIC Company: ALTANTIC ELECTRIC Title: SUPERINTENDE Telephone: Not reported Title: TPR NUTT Time: 17:09 Municipality Title: DISP #707 Time: 17:13 Title: Not reported Time: Not reported Referred To: DRPSR Telephone: Paged,Faxed Incident Time: 17:03</p> | |
| <p>NJ Spill: Facility ID: 6123 Date Received: 04/22/1996 Location: Facility Facility Phone: 609-645-4902 Date of Incident: 04/22/1996 Substance(s): OIL TRANSFORMER NON-PCB Substance Type: Liquid</p> | <p>Case Number: 96-4-22-1652-26 Operator: KIM Nature of Incident: Facility Facility Type: Industrial Time of Incident: 16:30 Substance Identity: Known</p> | |

DETAILED ORPHAN LISTING

| Site | Database(s) | EDR ID Number EPA ID Number |
|------|-------------|--------------------------------|
|------|-------------|--------------------------------|

WINSLOW SUB STATION (Continued)

S102225589

| | | | |
|---------------------------------------|---|----------------------|-------------------|
| A310 Letter: | Yes | TCPA Chemical: | No |
| Hazrds Material: | Yes | CAS Number: | Not reported |
| COMU: | 0408 | Ref. Code: | 002 |
| Amnt Released: | UNKNOWN | Release VE: | Not reported |
| Release Type: | Continuous | Contained: | No |
| Injuries: | No | Facility Evacuation: | No |
| Public Exposure: | No | Public Evacuation: | No |
| Police at Scene: | Yes | Firemen at Scene: | Yes |
| Contamination of: | Land | Receiving Water: | NONE |
| Caller: | | | |
| Name: | JOE NAUMCHIK | Title: | ALTANTIC ELECTRIC |
| Address: | BLACK HORSE PIKE EGG HARBOR TWP, NJ | | |
| Phone: | 609-645-4902 | | |
| Responsible Party: | | | |
| Name: | Known | Company: | ALTANTIC ELECTRIC |
| Contact: | JOE NAUMCHIK | Title: | SUPERINTENDE |
| Address: | BLACK HORSE PIKE EGG HARBOR TWP, NJ | | |
| County: | ATLANTIC | Phone: | Not reported |
| NJ Spill: | | Title: | TPR NUTT |
| Name: | NJSP/OEM | Time: | 17:09 |
| Phone: | 609-882-2000 | | |
| Date: | 04/22/1996 | Title: | Not reported |
| Local Municipality: | | Time: | 17:13 |
| Name: | Not reported | Title: | Not reported |
| Phone: | Not reported | Time: | Not reported |
| Date: | Not reported | Title: | Not reported |
| Other: | | Time: | Not reported |
| Name: | Not reported | Referred To: | Not reported |
| Phone: | Not reported | Telephone: | Not reported |
| Date: | Not reported | Incident Time: | Not reported |
| Incident: | | | |
| Name: | Not reported | | |
| Region: | Not reported | | |
| Date: | Not reported | | |
| ITM: | Not reported | | |
| Incident Description: | Fire | | |
| Wind Direction/Speed: | Not reported | | |
| Assistance Requested: | No | | |
| Date A310 Letter Printed: | 04/22/1996 | | |
| Date Local Authority Was Notified: | Not reported | | |
| Date Update: | Not reported | | |
| Date Report Faxed to Local Authority: | 04/22/1996 | | |
| Local Authority Notification Date 1: | Not reported | | |
| Local Authority Notification Date 2: | Not reported | | |
| Local Authority Notification Date 3: | Not reported | | |
| Status at Spill: | 1/ 8,000 GAL POWER TRANSFORMER ON FIRE. CLEANUP IS SCHEDULED. | | |
| Comments: | Not reported | | |

NJ TURNPIKE AUTHORITY
INTERCHANGE 4 TOLL PLZA
CAMDEN, NJ

SHWS

S103033108
N/A

DETAILED ORPHAN LISTING

| Site | Database(s) | EDR ID Number EPA ID Number |
|-----------------------------------|---|--------------------------------|
| NJ TURNPIKE AUTHORITY (Continued) | | S103033108 |
| SHWS: | | |
| Facility ID: | NJL800245813 | Case ID: 0131744 |
| Case Status: | NFA | Status Date: 10/16/1996 |
| Contact: | BFO-IN | |
| Facility Status: | CLOSED | |
| CEA/DER: | Not reported | |
| DELAWARE #1 WPCF | | |
| 2ND / JACKSON ST | | NJ Release S102488062 |
| CAMDEN, NJ | | NJ Spills N/A |
| NJ Release: | | |
| Facility ID: | 17834 | Case Number: 96-11-5-1604-29 |
| Date Received: | 11/05/1996 | Operator: ROB |
| Location: | Facility | Nature of Incident: Other |
| Facility Phone: | Not reported | Facility Type: Commercial |
| Date of Incident: | 11/05/1996 | Time of Incident: 13:00 |
| Substance(s): | DIESEL | |
| | GASOLINE | |
| Substance Type: | Liquid | Substance Identity: Known |
| A310 Letter: | Yes | TCPA Chemical: No |
| Hazrds Material: | Yes | CAS Number: Not reported |
| COMU: | 0408 | Ref. Code: 101 |
| Amnt Released: | UNKNOWN | Release VE: Not reported |
| Release Type: | Terminated | Contained: Yes |
| Injuries: | No | Facility Evacuation: No |
| Public Exposure: | No | Public Evacuation: No |
| Police at Scene: | No | Firemen at Scene: No |
| Contamination of: | Land | Receiving Water: Not reported |
| Caller: | | |
| Name: | KIRT MARTIN | Title: JAMES C ANDERSON |
| Address: | 907 PLEASANT VALLEY MOUNT LAURAL, NJ | |
| Telephone: | 609-722-6700 | |
| Responsible Party: | | |
| Name: | Known | Company: CAMDEN MUA |
| Contact: | Not reported | Title: Not reported |
| Address: | 1645 FERRY AVE CAMDEN, NJ | |
| County: | CAMDEN | Telephone: 609-541-3700 |
| NJ Spill: | | |
| Name: | Not reported | Title: Not reported |
| Telephone: | Not reported | |
| Date: | Not reported | Time: Not reported |
| Local Municipality: | | |
| Name: | CAMDEN CITY | Municipality Title: OPR. #707 |
| Telephone: | 609-757-7400 | |
| Date: | 11/05/1996 | Time: 16:08 |
| Other: | | |
| Name: | Not reported | Title: Not reported |
| Telephone: | Not reported | |
| Date: | Not reported | Time: Not reported |
| Incident: | | |
| Name: | Not reported | Referred To: DRPSR |
| Region: | BFO-CAS | Telephone: Not reported |
| Date: | 11/05/1996 | Incident Time: Not reported |
| ITM: | B | |
| Incident Description: | Soil Contamination | |

DETAILED ORPHAN LISTING

| Site | Database(s) | EDR ID Number EPA ID Number | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|-------------------------------|--------------------------------|--------------------|------------------------------|---------------------------|---------------|--------------------|---------------------------|------------------------------|---------------------------|------------------------------|-------------------------|----------------------|--|----------|--|------------------------|---------------------------|------------------|-------------------|----------------------|--------------------------|------------|----------------|------------------------|--------------------------|--------------------------|----------------|--------------|-------------------------|---------------------|-----------------------|---------------------|----------------------|------------------------|-------------------------------|---------|--|-------------------|-------------------------|------------------------------|--|------------------|--|---------------------|--|--------------------|--|-------------|---------------------|-----------------------|---------------------|-------------------------|--|------------|--|----------------|---------------------|-----------|--|--------------------|---------------------|---------------------|--|--------------------|--------------------|---------------------|--|--------------------|---------------------|---------------------|--|--------------------|-------------|--------|--|--------------------|---------------------|---------------------|--|--------------------|--------------------|-----------|--|--------------------|---------------------------|----------------------|-------------------------|
| DELAWARE #1 WPCF. (Continued) | | S102488062 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>Wind Direction/Speed: Not reported</p> <p>Assistance Requested: No</p> <p>Date A310 Letter Printed: Not reported</p> <p>Date Local Authority Was Notified: Not reported</p> <p>Date Update: Not reported</p> <p>Date Report Faxed to Local Authority: Not reported</p> <p>Local Authority Notification Date 1: Not reported</p> <p>Local Authority Notification Date 2: Not reported</p> <p>Local Authority Notification Date 3: Not reported</p> <p>Status at Spill: SOIL CONTAMINATION FOUND AROUND FUEL PUMP ISLAND. CLEANUP IN PROGRESS BY CONTRACTOR.</p> <p>Comments: Not reported</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>NJ Spill:</p> <table border="0"> <tr> <td>Facility ID: 17834</td> <td>Case Number: 96-11-5-1604-29</td> </tr> <tr> <td>Date Received: 11/05/1996</td> <td>Operator: ROB</td> </tr> <tr> <td>Location: Facility</td> <td>Nature of Incident: Other</td> </tr> <tr> <td>Facility Phone: Not reported</td> <td>Facility Type: Commercial</td> </tr> <tr> <td>Date of Incident: 11/05/1996</td> <td>Time of Incident: 13:00</td> </tr> <tr> <td>Substance(s): DIESEL</td> <td></td> </tr> <tr> <td>GASOLINE</td> <td></td> </tr> <tr> <td>Substance Type: Liquid</td> <td>Substance Identity: Known</td> </tr> <tr> <td>A310 Letter: Yes</td> <td>TCPA Chemical: No</td> </tr> <tr> <td>Hazrds Material: Yes</td> <td>CAS Number: Not reported</td> </tr> <tr> <td>COMU: 0408</td> <td>Ref. Code: 101</td> </tr> <tr> <td>Amnt Released: UNKNOWN</td> <td>Release VE: Not reported</td> </tr> <tr> <td>Release Type: Terminated</td> <td>Contained: Yes</td> </tr> <tr> <td>Injuries: No</td> <td>Facility Evacuation: No</td> </tr> <tr> <td>Public Exposure: No</td> <td>Public Evacuation: No</td> </tr> <tr> <td>Police at Scene: No</td> <td>Firemen at Scene: No</td> </tr> <tr> <td>Contamination of: Land</td> <td>Receiving Water: Not reported</td> </tr> <tr> <td>Caller:</td> <td></td> </tr> <tr> <td>Name: KIRT MARTIN</td> <td>Title: JAMES C ANDERSON</td> </tr> <tr> <td>Address: 907 PLEASANT VALLEY</td> <td></td> </tr> <tr> <td>MOUNT LAURAL, NJ</td> <td></td> </tr> <tr> <td>Phone: 609-722-6700</td> <td></td> </tr> <tr> <td>Responsible Party:</td> <td></td> </tr> <tr> <td>Name: Known</td> <td>Company: CAMDEN MUA</td> </tr> <tr> <td>Contact: Not reported</td> <td>Title: Not reported</td> </tr> <tr> <td>Address: 1645 FERRY AVE</td> <td></td> </tr> <tr> <td>CAMDEN, NJ</td> <td></td> </tr> <tr> <td>County: CAMDEN</td> <td>Phone: 609-541-3700</td> </tr> <tr> <td>NJ Spill:</td> <td></td> </tr> <tr> <td>Name: Not reported</td> <td>Title: Not reported</td> </tr> <tr> <td>Phone: Not reported</td> <td></td> </tr> <tr> <td>Date: Not reported</td> <td>Time: Not reported</td> </tr> <tr> <td>Local Municipality:</td> <td></td> </tr> <tr> <td>Name: Not reported</td> <td>Title: Not reported</td> </tr> <tr> <td>Phone: Not reported</td> <td></td> </tr> <tr> <td>Date: Not reported</td> <td>Time: 16:08</td> </tr> <tr> <td>Other:</td> <td></td> </tr> <tr> <td>Name: Not reported</td> <td>Title: Not reported</td> </tr> <tr> <td>Phone: Not reported</td> <td></td> </tr> <tr> <td>Date: Not reported</td> <td>Time: Not reported</td> </tr> <tr> <td>Incident:</td> <td></td> </tr> <tr> <td>Name: Not reported</td> <td>Referred To: Not reported</td> </tr> <tr> <td>Region: Not reported</td> <td>Telephone: Not reported</td> </tr> </table> | | | Facility ID: 17834 | Case Number: 96-11-5-1604-29 | Date Received: 11/05/1996 | Operator: ROB | Location: Facility | Nature of Incident: Other | Facility Phone: Not reported | Facility Type: Commercial | Date of Incident: 11/05/1996 | Time of Incident: 13:00 | Substance(s): DIESEL | | GASOLINE | | Substance Type: Liquid | Substance Identity: Known | A310 Letter: Yes | TCPA Chemical: No | Hazrds Material: Yes | CAS Number: Not reported | COMU: 0408 | Ref. Code: 101 | Amnt Released: UNKNOWN | Release VE: Not reported | Release Type: Terminated | Contained: Yes | Injuries: No | Facility Evacuation: No | Public Exposure: No | Public Evacuation: No | Police at Scene: No | Firemen at Scene: No | Contamination of: Land | Receiving Water: Not reported | Caller: | | Name: KIRT MARTIN | Title: JAMES C ANDERSON | Address: 907 PLEASANT VALLEY | | MOUNT LAURAL, NJ | | Phone: 609-722-6700 | | Responsible Party: | | Name: Known | Company: CAMDEN MUA | Contact: Not reported | Title: Not reported | Address: 1645 FERRY AVE | | CAMDEN, NJ | | County: CAMDEN | Phone: 609-541-3700 | NJ Spill: | | Name: Not reported | Title: Not reported | Phone: Not reported | | Date: Not reported | Time: Not reported | Local Municipality: | | Name: Not reported | Title: Not reported | Phone: Not reported | | Date: Not reported | Time: 16:08 | Other: | | Name: Not reported | Title: Not reported | Phone: Not reported | | Date: Not reported | Time: Not reported | Incident: | | Name: Not reported | Referred To: Not reported | Region: Not reported | Telephone: Not reported |
| Facility ID: 17834 | Case Number: 96-11-5-1604-29 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date Received: 11/05/1996 | Operator: ROB | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Location: Facility | Nature of Incident: Other | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Facility Phone: Not reported | Facility Type: Commercial | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date of Incident: 11/05/1996 | Time of Incident: 13:00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Substance(s): DIESEL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| GASOLINE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Substance Type: Liquid | Substance Identity: Known | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| A310 Letter: Yes | TCPA Chemical: No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Hazrds Material: Yes | CAS Number: Not reported | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COMU: 0408 | Ref. Code: 101 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Amnt Released: UNKNOWN | Release VE: Not reported | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Release Type: Terminated | Contained: Yes | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Injuries: No | Facility Evacuation: No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Public Exposure: No | Public Evacuation: No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Police at Scene: No | Firemen at Scene: No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Contamination of: Land | Receiving Water: Not reported | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Caller: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name: KIRT MARTIN | Title: JAMES C ANDERSON | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Address: 907 PLEASANT VALLEY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MOUNT LAURAL, NJ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Phone: 609-722-6700 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Responsible Party: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name: Known | Company: CAMDEN MUA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Contact: Not reported | Title: Not reported | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Address: 1645 FERRY AVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CAMDEN, NJ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| County: CAMDEN | Phone: 609-541-3700 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NJ Spill: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name: Not reported | Title: Not reported | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Phone: Not reported | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date: Not reported | Time: Not reported | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Local Municipality: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name: Not reported | Title: Not reported | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Phone: Not reported | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date: Not reported | Time: 16:08 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name: Not reported | Title: Not reported | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Phone: Not reported | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date: Not reported | Time: Not reported | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Incident: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name: Not reported | Referred To: Not reported | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Region: Not reported | Telephone: Not reported | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

DETAILED ORPHAN LISTING

| Site | Database(s) | EDR ID Number EPA ID Number |
|---------------------------------------|---|--------------------------------|
| DELAWARE #1 WPCF (Continued) | | S102488062 |
| Date: | Not reported | Incident Time: |
| ITM: | Not reported | Not reported |
| Incident Description: | Soil Contamination | |
| Wind Direction/Speed: | Not reported | |
| Assistance Requested: | No | |
| Date A310 Letter Printed: | Not reported | |
| Date Local Authority Was Notified: | Not reported | |
| Date Update: | Not reported | |
| Date Report Faxed to Local Authority: | Not reported | |
| Local Authority Notification Date 1: | Not reported | |
| Local Authority Notification Date 2: | Not reported | |
| Local Authority Notification Date 3: | Not reported | |
| Status at Spill: | SOIL CONTAMINATION FOUND AROUND FUEL PUMP ISLAND. CLEANUP IN PROGRESS BY CONTRACTOR. | |
| Comments: | Not reported | |

**WEST OF RT#130 ON
KAIGHN AVE
CAMDEN, NJ**

**NJ Release S102194759
NJ Spills N/A**

NJ Release:

Facility ID: 9557
Date Received: 06/09/1993
Location: Other
Facility Phone: Not reported
Date of Incident: 06/09/1993
Substance(s): OIL TRANSFORMER NON-PCB
Substance Type: Liquid
A310 Letter: Yes
Hazrds Material: Yes
COMU: 0408
Amnt Released: 1 PT
Release Type: Terminated
Injuries: No
Public Exposure: No
Police at Scene: No
Contamination of: Land

Case Number: 93-6-9-2213-36
Operator: JOYCE
Nature of Incident: Facility
Facility Type: Commercial
Time of Incident: 21:17

Substance Identity: Known
TCPA Chemical: No
CAS Number: Not reported
Ref. Code: 101
Release VE: Estimate
Contained: Yes
Facility Evacuation: No
Public Evacuation: No
Firemen at Scene: No
Receiving Water: Not reported

Caller:
Name: GARY WATSON
Address: 300 NEW ALBANY RD
MOORESTOWN, NJ
Telephone: 609-778-6721

Title: PSE&G

Responsible Party:

Name: Known
Contact: GARY WATSON
Address: 300 NEW ALBANY RD
MOORESTOWN, NJ
County: BURLINGTON

Company: PSE&G
Title: OPR.SUPV.

Telephone: 609-778-6721

NJ Spill:

Name: Not reported
Telephone: Not reported
Date: Not reported

Title: Not reported

Time: Not reported

Local Municipality:

Name: CAMDEN CITY
Telephone: 609-757-7400
Date: 06/09/1993

Municipality Title: DISP #750

Time: 22:17

Other:

Name: Not reported

Title: Not reported

DETAILED ORPHAN LISTING

| Site | Database(s) | EDR ID Number | EPA ID Number |
|--|---|---------------|---------------|
| WEST OF RT#130 ON (Continued) | | S102194759 | |
| <p>Telephone: Not reported</p> <p>Date: Not reported</p> <p>Incident:</p> <p>Name: Not reported</p> <p>Region: BFO-SA</p> <p>Date: 06/09/1993</p> <p>ITM: B</p> <p>Incident Description: Spill</p> <p>Wind Direction/Speed: Not reported</p> <p>Assistance Requested: No</p> <p>Date A310 Letter Printed: Not reported</p> <p>Date Local Authority Was Notified: Not reported</p> <p>Date Update: Not reported</p> <p>Date Report Faxed to Local Authority: Not reported</p> <p>Local Authority Notification Date 1: Not reported</p> <p>Local Authority Notification Date 2: Not reported</p> <p>Local Authority Notification Date 3: Not reported</p> <p>Status at Spill: SPILL ON CONCRETE FROM TRANSFORMER. CLEANUP/REPAIR CREW ENROUTE.</p> <p>Comments: Not reported</p> | <p>Time: Not reported</p> <p>Referred To: DRPSR</p> <p>Telephone: Faxed,Mailed</p> <p>Incident Time: Not reported</p> | | |
| <p>NJ Spill:</p> <p>Facility ID: 9557</p> <p>Date Received: 06/09/1993</p> <p>Location: Other</p> <p>Facility Phone: Not reported</p> <p>Date of Incident: 06/09/1993</p> <p>Substance(s): OIL TRANSFORMER NON-PCB</p> <p>Substance Type: Liquid</p> <p>A310 Letter: Yes</p> <p>Hazrds Material: Yes</p> <p>COMU: 0408</p> <p>Amnt Released: 1 PT</p> <p>Release Type: Terminated</p> <p>Injuries: No</p> <p>Public Exposure: No</p> <p>Police at Scene: No</p> <p>Contamination of: Land</p> <p>Caller:</p> <p>Name: GARY WATSON</p> <p>Address: 300 NEW ALBANY RD MOORESTOWN, NJ</p> <p>Phone: 609-778-6721</p> <p>Responsible Party:</p> <p>Name: Known</p> <p>Contact: GARY WATSON</p> <p>Address: 300 NEW ALBANY RD MOORESTOWN, NJ</p> <p>County: BURLINGTON</p> <p>NJ Spill:</p> <p>Name: Not reported</p> <p>Phone: Not reported</p> <p>Date: Not reported</p> <p>Local Municipality:</p> <p>Name: CAMDEN CITY</p> <p>Phone: 609-757-7400</p> <p>Date: 06/09/1993</p> <p>Other:</p> | <p>Case Number: 93-6-9-2213-36</p> <p>Operator: JOYCE</p> <p>Nature of Incident: Facility</p> <p>Facility Type: Commercial</p> <p>Time of Incident: 21:17</p> <p>Substance Identity: Known</p> <p>TCPA Chemical: No</p> <p>CAS Number: Not reported</p> <p>Ref. Code: 101</p> <p>Release VE: Estimate</p> <p>Contained: Yes</p> <p>Facility Evacuation: No</p> <p>Public Evacuation: No</p> <p>Firemen at Scene: No</p> <p>Receiving Water: Not reported</p> <p>Title: PSE&G</p> <p>Company: PSE&G</p> <p>Title: OPR.SUPV.</p> <p>Phone: 609-778-6721</p> <p>Title: Not reported</p> <p>Time: Not reported</p> <p>Title: DISP #750</p> <p>Time: 22:17</p> | | |

DETAILED ORPHAN LISTING

| Site | Database(s) | EDR ID Number EPA ID Number |
|---------------------------------------|--|--------------------------------|
| WEST OF RT#130 ON (Continued) | | S102194759 |
| Name: | Not reported | Title: |
| Phone: | Not reported | |
| Date: | Not reported | Time: |
| Incident: | | |
| Name: | Not reported | Referred To: |
| Region: | BFO-SA | Telephone: |
| Date: | 06/09/1993 | Incident Time: |
| ITM: | B | |
| Incident Description: | Spill | |
| Wind Direction/Speed: | Not reported | |
| Assistance Requested: | No | |
| Date A310 Letter Printed: | Not reported | |
| Date Local Authority Was Notified: | Not reported | |
| Date Update: | Not reported | |
| Date Report Faxed to Local Authority: | Not reported | |
| Local Authority Notification Date 1: | Not reported | |
| Local Authority Notification Date 2: | Not reported | |
| Local Authority Notification Date 3: | Not reported | |
| Status at Spill: | SPILL ON CONCRETE FROM TRANSFORMER. CLEANUP/REPAIR CREW ENROUTE. | |
| Comments: | Not reported | |

AREA OF KEAN / MAURICE STS CAMDEN, NJ

NJ Release S102220624
NJ Spills N/A

NJ Release:

Facility ID: 16735
Date Received: 10/19/1995
Location: Other
Facility Phone: Not reported
Date of Incident: 10/19/1995
Substance(s): GASOLINE
Substance Type: Liquid
A310 Letter: No
Hazrds Material: Yes
COMU: 0408
Amnt Released: 10 GAL
Release Type: Terminated
Injuries: No
Public Exposure: No
Police at Scene: Yes
Contamination of: Land
Caller:
Name: OPER 11
Address: FOR CAMDEN
Telephone: 609-783-4808

Responsible Party:

Name: UnKnown
Contact: Not reported
Address: Not reported
County: Not reported

NJ Spill:

Name: Not reported
Telephone: Not reported
Date: Not reported

Local Municipality:

Name: Not reported
Telephone: Not reported

Case Number: 95-10-19-1305-13
Operator: JIMH
Nature of Incident: Municipal
Facility Type: Commercial
Time of Incident: 11:47

Substance Identity: Known
TCPA Chemical: No
CAS Number: Not reported
Ref. Code: 101
Release VE: Estimate
Contained: Yes
Facility Evacuation: No
Public Evacuation: No
Firemen at Scene: No
Receiving Water: Not reported

Title: CAMDEN CNTY COMM

Company: Not reported
Title: Not reported

Telephone: Not reported

Title: Not reported

Time: Not reported

Municipality Title: Not reported

DETAILED ORPHAN LISTING

| Site | Database(s) | EDR ID Number | EPA ID Number |
|---------------------------------------|--|----------------------|------------------|
| AREA OF (Continued) | | S102220624 | |
| Date: | Not reported | Time: | Not reported |
| Other: | | | |
| Name: | Not reported | Title: | Not reported |
| Telephone: | Not reported | | |
| Date: | Not reported | Time: | Not reported |
| Incident: | | | |
| Name: | Not reported | Referred To: | DRPSR |
| Region: | BFO-CAS | Telephone: | Faxed,Mailed |
| Date: | 10/19/1995 | Incident Time: | Not reported |
| ITM: | B | | |
| Incident Description: | Spill,MVA | | |
| Wind Direction/Speed: | Not reported | | |
| Assistance Requested: | No | | |
| Date A310 Letter Printed: | Not reported | | |
| Date Local Authority Was Notified: | Not reported | | |
| Date Update: | Not reported | | |
| Date Report Faxed to Local Authority: | Not reported | | |
| Local Authority Notification Date 1: | Not reported | | |
| Local Authority Notification Date 2: | Not reported | | |
| Local Authority Notification Date 3: | Not reported | | |
| Status at Spill: | SPILLAGE DUE TO MVA. CLEANUP HAS BEEN DONE | | |
| Comments: | Not reported | | |
| NJ Spill: | | | |
| Facility ID: | 16735 | Case Number: | 95-10-19-1305-13 |
| Date Received: | 10/19/1995 | Operator: | JIMH |
| Location: | Other | Nature of Incident: | Municipal |
| Facility Phone: | Not reported | Facility Type: | Commercial |
| Date of Incident: | 10/19/1995 | Time of Incident: | 11:47 |
| Substance(s): | GASOLINE | | |
| Substance Type: | Liquid | Substance Identity: | Known |
| A310 Letter: | No | TCPA Chemical: | No |
| Hazrds Material: | Yes | CAS Number: | Not reported |
| COMU: | 0408 | Ref. Code: | 101 |
| Amnt Released: | 10 GAL | Release VE: | Estimate |
| Release Type: | Terminated | Contained: | Yes |
| Injuries: | No | Facility Evacuation: | No |
| Public Exposure: | No | Public Evacuation: | No |
| Police at Scene: | Yes | Firemen at Scene: | No |
| Contamination of: | Land | Receiving Water: | Not reported |
| Caller: | | | |
| Name: | OPER 11 | Title: | CAMDEN CNTY COMM |
| Address: | FOR CAMDEN | | |
| Phone: | 609-783-4808 | | |
| Responsible Party: | | | |
| Name: | UnKnown | Company: | Not reported |
| Contact: | Not reported | Title: | Not reported |
| Address: | Not reported | | |
| County: | Not reported | Phone: | Not reported |
| NJ Spill: | | | |
| Name: | Not reported | Title: | Not reported |
| Phone: | Not reported | | |
| Date: | Not reported | Time: | Not reported |
| Local Municipality: | | | |
| Name: | Not reported | Title: | Not reported |
| Phone: | Not reported | | |
| Date: | Not reported | Time: | Not reported |

DETAILED ORPHAN LISTING

| Site | Database(s) | EDR ID Number EPA ID Number |
|---------------------------------------|--|--------------------------------|
| AREA OF (Continued) | | S102220624 |
| Other: | | |
| Name: | Not reported | Title: |
| Phone: | Not reported | |
| Date: | Not reported | Time: |
| Incident: | | |
| Name: | Not reported | Referred To: |
| Region: | BFO-CAS | Telephone: |
| Date: | 10/19/1995 | Incident Time: |
| ITM: | B | |
| Incident Description: | Spill,MVA | |
| Wind Direction/Speed: | Not reported | |
| Assistance Requested: | No | |
| Date A310 Letter Printed: | Not reported | |
| Date Local Authority Was Notified: | Not reported | |
| Date Update: | Not reported | |
| Date Report Faxed to Local Authority: | Not reported | |
| Local Authority Notification Date 1: | Not reported | |
| Local Authority Notification Date 2: | Not reported | |
| Local Authority Notification Date 3: | Not reported | |
| Status at Spill: | SPILLAGE DUE TO MVA. CLEANUP HAS BEEN DONE | |
| Comments: | Not reported | |

PENICOSTIAL CHURCH 5TH / LINE STS CAMDEN, NJ

NJ Release S102202704
NJ Spills N/A

NJ Release:

Facility ID: 4074
Date Received: 03/13/1994
Location: Other
Facility Phone: Not reported
Date of Incident: 03/13/1994
Substance(s): OIL FUEL #2
Substance Type: Liquid
A310 Letter: Yes
Hazrds Material: Yes
COMU: 0408
Amnt Released: UNKNOWN
Release Type: Continuous
Injuries: No
Public Exposure: Yes
Police at Scene: No
Contamination of: Land,Water

Caller:
Name: JAY COLON
Address: 445 LINE ST
CAMDEN, NJ
Telephone: 609-541-7794

Responsible Party:

Name: Known
Contact: Not reported
Address: 5TH & LINE STS
CAMDEN, NJ
County: CAMDEN

NJ Spill:

Name: OEM
Telephone: Not reported
Date: 03/13/1994

Case Number: 94-3-13-1433-09
Operator: ROGER
Nature of Incident: Citizen
Facility Type: Residential
Time of Incident: ONGO

Substance Identity: Suspected
TCPA Chemical: No
CAS Number: Not reported
Ref. Code: 002
Release VE: Not reported
Contained: No
Facility Evacuation: No
Public Evacuation: No
Firemen at Scene: No
Receiving Water: UNKNOWN

Title: CITIZEN

Company: PENICOSTIAL CHURCH
Title: Not reported

Telephone: Not reported

Title: FAXED

Time: Not reported

DETAILED ORPHAN LISTING

| Site | Database(s) | EDR ID Number EPA ID Number |
|---|-----------------------|--------------------------------|
| PENICOSTIAL CHURCH (Continued) | | S102202704 |
| Phone: Not reported | Time: Not reported | |
| Date: 03/13/1994 | | |
| Local Municipality: | | |
| Name: CAMDEN CITY | Title: OPR 770 | |
| Phone: 609-757-7400 | | |
| Date: 03/13/1994 | Time: 14:38 | |
| Other: | | |
| Name: Not reported | Title: Not reported | |
| Phone: Not reported | | |
| Date: Not reported | Time: Not reported | |
| Incident: | | |
| Name: F.GAGLIANO | Referred To: DRPSR | |
| Region: ER2 | Telephone: Home,Faxed | |
| Date: 03/13/1994 | Incident Time: 14:35 | |
| ITM: T | | |
| Incident Description: Illegal Dumping | | |
| Wind Direction/Speed: Not reported | | |
| Assistance Requested: Yes | | |
| Date A310 Letter Printed: 03/13/1994 | | |
| Date Local Authority Was Notified: Not reported | | |
| Date Update: Not reported | | |
| Date Report Faxed to Local Authority: 03/13/1994 | | |
| Local Authority Notification Date 1: Not reported | | |
| Local Authority Notification Date 2: Not reported | | |
| Local Authority Notification Date 3: Not reported | | |
| Status at Spill: REPORTED PRODUCT IS RUNNING INTO STREET FOR A BLOCK BEFORE ENTERING STORM DRAIN. | | |
| Comments: Not reported | | |

NJ ECONOMIC DEVELOPMENT AUTH MARKET ST CAMDEN, NJ

NJ Release S102191898
NJ Spills N/A

NJ Release:

| | |
|--|-------------------------------|
| Facility ID: 3821 | Case Number: 93-3-15-1807-18 |
| Date Received: 03/15/1993 | Operator: JOYCE |
| Location: Facility | Nature of Incident: Other |
| Facility Phone: Not reported | Facility Type: Commercial |
| Date of Incident: 03/12/1993 | Time of Incident: UNK |
| Substance(s): SOIL CONTAMINATED W/HYDROCARBONS | |
| Substance Type: Solid | Substance Identity: Known |
| A310 Letter: Yes | TCPA Chemical: No |
| Hazrds Material: Yes | CAS Number: Not reported |
| COMU: 0408 | Ref. Code: 101 |
| Amnt Released: UNK | Release VE: Not reported |
| Release Type: Continuous | Contained: No |
| Injuries: No | Facility Evacuation: No |
| Public Exposure: No | Public Evacuation: No |
| Police at Scene: No | Firemen at Scene: No |
| Contamination of: Land | Receiving Water: Not reported |
| Caller: | |
| Name: MIKE COLLINS | Title: NJ ECONOMIC DEV AU |
| Address: 200 S WARREN ST TRENTON, NJ | |
| Telephone: 609-292-1800 | |
| Responsible Party: | |
| Name: Known | Company: NJEDA |
| Contact: MIKE COLLINS | Title: ADMIN. |

DETAILED ORPHAN LISTING

| Site | Database(s) | EDR ID Number | EPA ID Number |
|--|--|----------------------|--------------------|
| NJ ECONOMIC DEVELOPMENT AUTH (Continued) | | S102191898 | |
| Address: | 200 S WARREN ST TRENTON, NJ | Telephone: | 609-292-1800 |
| County: | MERCER | Title: | Not reported |
| NJ Spill: | | Time: | Not reported |
| Name: | Not reported | Municipality Title: | DISP #754 |
| Telephone: | Not reported | Time: | 18:12 |
| Date: | Not reported | Title: | Not reported |
| Local Municipality: | | Time: | Not reported |
| Name: | CAMDEN CITY | Referred To: | DRPSR |
| Telephone: | 609-757-7400 | Telephone: | Faxed, Mailed |
| Date: | 03/15/1993 | Incident Time: | Not reported |
| Other: | | | |
| Name: | Not reported | | |
| Telephone: | Not reported | | |
| Date: | Not reported | | |
| Incident: | | | |
| Name: | JERRY O'DONNELL | | |
| Region: | BFO-SA | | |
| Date: | 03/15/1993 | | |
| ITM: | B | | |
| Incident Description: | L.U.S.T. | | |
| Wind Direction/Speed: | Not reported | | |
| Assistance Requested: | No | | |
| Date A310 Letter Printed: | Not reported | | |
| Date Local Authority Was Notified: | Not reported | | |
| Date Update: | Not reported | | |
| Date Report Faxed to Local Authority: | Not reported | | |
| Local Authority Notification Date 1: | Not reported | | |
| Local Authority Notification Date 2: | Not reported | | |
| Local Authority Notification Date 3: | Not reported | | |
| Status at Spill: | CONTAMINATED SOIL FROM NON-REGULATED LUST. | | |
| Comments: | INCIDENT THE RESULT OF MOA APPLICATION RECEIVED BY SA MIKE DIGIORO. JS | | |
| NJ Spill: | | | |
| Facility ID: | 3821 | Case Number: | 93-3-15-1807-18 |
| Date Received: | 03/15/1993 | Operator: | JOYCE |
| Location: | Facility | Nature of Incident: | Other |
| Facility Phone: | Not reported | Facility Type: | Commercial |
| Date of Incident: | 03/12/1993 | Time of Incident: | UNK |
| Substance(s): | SOIL CONTAMINATED W/HYDROCARBONS | | |
| Substance Type: | Solid | Substance Identity: | Known |
| A310 Letter: | Yes | TCPA Chemical: | No |
| Hazrds Material: | Yes | CAS Number: | Not reported |
| COMU: | 0408 | Ref. Code: | 101 |
| Amnt Released: | UNK | Release VE: | Not reported |
| Release Type: | Continuous | Contained: | No |
| Injuries: | No | Facility Evacuation: | No |
| Public Exposure: | No | Public Evacuation: | No |
| Police at Scene: | No | Firemen at Scene: | No |
| Contamination of: | Land | Receiving Water: | Not reported |
| Caller: | | | |
| Name: | MIKE COLLINS | Title: | NJ ECONOMIC DEV AU |
| Address: | 200 S WARREN ST TRENTON, NJ | | |
| Phone: | 609-292-1800 | | |
| Responsible Party: | | | |
| Name: | Known | Company: | NJEDA |

DETAILED ORPHAN LISTING

| Site | Database(s) | EDR ID Number EPA ID Number |
|--|-----------------------------|--------------------------------|
| NJ ECONOMIC DEVELOPMENT AUTH (Continued) | | S102191898 |
| Contact: MIKE COLLINS | Title: ADMIN. | |
| Address: 200 S WARREN ST TRENTON, NJ | | |
| County: MERCER | Phone: 609-292-1800 | |
| NJ Spill: | | |
| Name: Not reported | Title: Not reported | |
| Phone: Not reported | | |
| Date: Not reported | Time: Not reported | |
| Local Municipality: | | |
| Name: CAMDEN CITY | Title: DISP #754 | |
| Phone: 609-757-7400 | | |
| Date: 03/15/1993 | Time: 18:12 | |
| Other: | | |
| Name: Not reported | Title: Not reported | |
| Phone: Not reported | | |
| Date: Not reported | Time: Not reported | |
| Incident: | | |
| Name: JERRY O'DONNELL | Referred To: DRPSR | |
| Region: BFO-SA | Telephone: Faxed, Mailed | |
| Date: 03/15/1993 | Incident Time: Not reported | |
| ITM: B | | |
| Incident Description: L.U.S.T. | | |
| Wind Direction/Speed: Not reported | | |
| Assistance Requested: No | | |
| Date A310 Letter Printed: Not reported | | |
| Date Local Authority Was Notified: Not reported | | |
| Date Update: Not reported | | |
| Date Report Faxed to Local Authority: Not reported | | |
| Local Authority Notification Date 1: Not reported | | |
| Local Authority Notification Date 2: Not reported | | |
| Local Authority Notification Date 3: Not reported | | |
| Status at Spill: CONTAMINATED SOIL FROM NON-REGULATED LUST. | | |
| Comments: INCIDENT THE RESULT OF MOA APPLICATION RECEIVED BY SA MIKE DIGIORO. JS | | |

HOLLY TRINITY MISSIONARY
253 B MECHANICS AVE
CAMDEN, NJ

NJ Release S102224756
NJ Spills N/A

NJ Release:

Facility ID: 4495
Date Received: 03/26/1996
Location: Facility
Facility Phone: Not reported
Date of Incident: 03/26/1996
Substance(s): OIL FUEL
Substance Type: Liquid
A310 Letter: Yes
Hazrds Material: Yes
COMU: 0408
Amnt Released: 4-5 GAL
Release Type: Terminated
Injuries: No
Public Exposure: No
Police at Scene: No
Contamination of: Land
Caller:
Name: DAVE MAIER
Address: Not reported

Case Number: 96-3-26-0958-32
Operator: JIMH
Nature of Incident: Facility
Facility Type: Snstve Pop
Time of Incident: Not reported
Substance Identity: Known
TCPA Chemical: No
CAS Number: Not reported
Ref. Code: 101
Release VE: Estimate
Contained: Yes
Facility Evacuation: No
Public Evacuation: No
Firemen at Scene: No
Receiving Water: Not reported
Title: FEDERAL OIL

DETAILED ORPHAN LISTING

Site

Database(s)

EDR ID Number
EPA ID Number

HOLLY TRINITY MISSIONARY (Continued)

S102224756

| | | | |
|---------------------------------------|---|----------------------|----------------------|
| Telephone: | 609-964-1300 | | |
| Responsible Party: | | | |
| Name: | Known | Company: | HOLLY TRINITY MISSIO |
| Contact: | Not reported | Title: | Not reported |
| Address: | 253 B MECHANICS AVE | | |
| | CAMDEN, NJ | | |
| County: | CAMDEN | Telephone: | Not reported |
| NJ Spill: | | Title: | Not reported |
| Name: | Not reported | Time: | Not reported |
| Telephone: | Not reported | | |
| Date: | Not reported | Municipality Title: | OPER 77 |
| Local Municipality: | | Time: | 10:02 |
| Name: | CAMDEN CITY | Title: | Not reported |
| Telephone: | 609-757-7400 | Time: | Not reported |
| Date: | 03/26/1996 | | |
| Other: | | Referred To: | DRPSR |
| Name: | Not reported | Telephone: | Faxed,Mailed |
| Telephone: | Not reported | Incident Time: | Not reported |
| Date: | Not reported | | |
| Incident: | | | |
| Name: | Not reported | | |
| Region: | BFO-CAS | | |
| Date: | 03/26/1996 | | |
| ITM: | B | | |
| Incident Description: | Soil Contamination | | |
| Wind Direction/Speed: | Not reported | | |
| Assistance Requested: | No | | |
| Date A310 Letter Printed: | 03/26/1996 | | |
| Date Local Authority Was Notified: | Not reported | | |
| Date Update: | Not reported | | |
| Date Report Faxed to Local Authority: | 03/26/1996 | | |
| Local Authority Notification Date 1: | Not reported | | |
| Local Authority Notification Date 2: | Not reported | | |
| Local Authority Notification Date 3: | Not reported | | |
| Status at Spill: | LEAK FROM PIPING ON TANK:LEAK HAS BEEN STOPPED. | | |
| Comments: | Not reported | | |
| Facility ID: | 4495 | Case Number: | 96-3-26-0958-32 |
| Date Received: | 03/26/1996 | Operator: | JIMH |
| Location: | Facility | Nature of Incident: | Facility |
| Facility Phone: | Not reported | Facility Type: | Snstve Pop |
| Date of Incident: | 03/26/1996 | Time of Incident: | Not reported |
| Substance(s): | OIL FUEL | | |
| Substance Type: | Liquid | Substance Identity: | Known |
| A310 Letter: | Yes | TCPA Chemical: | No |
| Hazrds Material: | Yes | CAS Number: | Not reported |
| COMU: | 0408 | Ref. Code: | 101 |
| Amnt Released: | 4-5 GAL | Release VE: | Estimate |
| Release Type: | Terminated | Contained: | Yes |
| Injuries: | No | Facility Evacuation: | No |
| Public Exposure: | No | Public Evacuation: | No |
| Police at Scene: | No | Firemen at Scene: | No |
| Contamination of: | Land | Receiving Water: | Not reported |
| Caller: | | Title: | FEDERAL OIL |
| Name: | DAVE MAIER | | |
| Address: | Not reported | | |
| Telephone: | 609-964-1300 | | |

DETAILED ORPHAN LISTING

| Site | Database(s) | EDR ID Number EPA ID Number |
|------|-------------|--------------------------------|
|------|-------------|--------------------------------|

HOLLY TRINITY MISSIONARY (Continued)

S102224756

Responsible Party:

Name: Known
Contact: Not reported
Address: 253 B MECHANICS AVE
CAMDEN, NJ
County: CAMDEN

Company: HOLLY TRINITY MISSIO
Title: Not reported

NJ Spill:

Name: Not reported
Telephone: Not reported
Date: Not reported

Telephone: Not reported

Title: Not reported

Time: Not reported

Local Municipality:

Name: CAMDEN CITY
Telephone: 609-757-7400
Date: 03/26/1996

Municipality Title: OPER 77

Time: 10:02

Other:

Name: Not reported
Telephone: Not reported
Date: Not reported

Title: Not reported

Time: Not reported

Incident:

Name: Not reported
Region: BFO-CAS
Date: 03/26/1996
ITM: B

Referred To: DRPSR
Telephone: Faxed,Mailed
Incident Time: Not reported

Incident Description:

Soil Contamination

Wind Direction/Speed:

Not reported

Assistance Requested:

No

Date A310 Letter Printed:

03/26/1996

Date Local Authority Was Notified:

Not reported

Date Update:

Not reported

Date Report Faxed to Local Authority:

03/26/1996

Local Authority Notification Date 1:

Not reported

Local Authority Notification Date 2:

Not reported

Local Authority Notification Date 3:

Not reported

Status at Spill: LEAK FROM PIPING ON TANK.LEAK HAS BEEN STOPPED.

Comments: Not reported

NJ Spill:

Facility ID: 4495
Date Received: 03/26/1996
Location: Facility
Facility Phone: Not reported
Date of Incident: 03/26/1996
Substance(s): OIL FUEL
Substance Type: Liquid
A310 Letter: Yes
Hazrds Material: Yes
COMU: 0408
Amnt Released: 4-5 GAL
Release Type: Terminated
Injuries: No
Public Exposure: No
Police at Scene: No
Contamination of: Land
Caller:
Name: DAVE MAIER
Address: Not reported
Phone: 609-964-1300

Case Number: 96-3-26-0958-32
Operator: JIMH
Nature of Incident: Facility
Facility Type: Snstve Pop
Time of Incident: Not reported

Substance Identity: Known
TCPA Chemical: No
CAS Number: Not reported
Ref. Code: 101
Release VE: Estimate
Contained: Yes
Facility Evacuation: No
Public Evacuation: No
Firemen at Scene: No
Receiving Water: Not reported

Title: FEDERAL OIL

DETAILED ORPHAN LISTING

| Site | Database(s) | EDR ID Number EPA ID Number |
|------|-------------|--------------------------------|
|------|-------------|--------------------------------|

HOLLY TRINITY MISSIONARY (Continued)

S102224756

| | | | |
|--|--|-----------------------|----------------------|
| Responsible Party: | | Company: | HOLLY TRINITY MISSIO |
| Name: | Known | Title: | Not reported |
| Contact: | Not reported | | |
| Address: | 253 B MECHANICS AVE CAMDEN, NJ | | |
| County: | CAMDEN | Phone: | Not reported |
| NJ Spill: | | Title: | Not reported |
| Name: | Not reported | Time: | Not reported |
| Phone: | Not reported | | |
| Date: | Not reported | | |
| Local Municipality: | | Title: | Not reported |
| Name: | Not reported | Time: | 10:02 |
| Phone: | Not reported | | |
| Date: | Not reported | | |
| Other: | | Title: | Not reported |
| Name: | Not reported | Time: | Not reported |
| Phone: | Not reported | | |
| Date: | Not reported | | |
| Incident: | | Referred To: | Not reported |
| Name: | Not reported | Telephone: | Not reported |
| Region: | Not reported | Incident Time: | Not reported |
| Date: | Not reported | | |
| ITM: | Not reported | | |
| Incident Description: | Soil Contamination | | |
| Wind Direction/Speed: | Not reported | | |
| Assistance Requested: | No | | |
| Date A310 Letter Printed: | 03/26/1996 | | |
| Date Local Authority Was Notified: | Not reported | | |
| Date Update: | Not reported | | |
| Date Report Faxed to Local Authority: | 03/26/1996 | | |
| Local Authority Notification Date 1: | Not reported | | |
| Local Authority Notification Date 2: | Not reported | | |
| Local Authority Notification Date 3: | Not reported | | |
| Status at Spill: | LEAK FROM PIPING ON TANK. LEAK HAS BEEN STOPPED. | | |
| Comments: | Not reported | | |

STORM SEWER/ 1000 BLK SO MERRIMAC RD CAMDEN, NJ

NJ Release S102196623
NJ Spills N/A

| | | | |
|--------------------------|--------------|-----------------------------|-----------------|
| NJ Release: | | Case Number: | 93-8-10-1013-25 |
| Facility ID: | 13484 | Operator: | ROGER |
| Date Received: | 08/10/1993 | Nature of Incident: | Citizen |
| Location: | Other | Facility Type: | Residential |
| Facility Phone: | Not reported | Time of Incident: | 16:30 |
| Date of Incident: | 08/09/1993 | | |
| Substance(s): | OIL MOTOR | Substance Identity: | Suspected |
| Substance Type: | Liquid | TCPA Chemical: | No |
| A310 Letter: | Yes | CAS Number: | Not reported |
| Hazrds Material: | Yes | Ref. Code: | 002 |
| COMU: | 0408 | Release VE: | Estimate |
| Amnt Released: | 3-5 QTS | Contained: | No |
| Release Type: | Intermittent | Facility Evacuation: | No |
| Injuries: | No | Public Evacuation: | No |
| Public Exposure: | Yes | Firemen at Scene: | No |
| Police at Scene: | No | Receiving Water: | UNKNOWN |
| Contamination of: | Land, Water | | |
| Caller: | | | |

DETAILED ORPHAN LISTING

| Site | Database(s) | | EDR ID Number |
|---------------------------------------|---|-----------------|---------------|
| | | | EPA ID Number |
| STORM SEWER/ 1000 BLK (Continued) | | | S102196623 |
| Name: ANONYMOUS | Title: | CITIZEN | |
| Address: Not reported | | | |
| Telephone: Not reported | | | |
| Responsible Party: | | | |
| Name: UnKnown | Company: | Not reported | |
| Contact: Not reported | Title: | Not reported | |
| Address: Not reported | | | |
| County: Not reported | Telephone: | Not reported | |
| NJ Spill: | | | |
| Name: OEM | Title: | FAXED | |
| Telephone: 609-882-2000 | | | |
| Date: 08/10/1993 | Time: | Not reported | |
| Local Municipality: | | | |
| Name: CAMDEN CITY | Municipality Title: | OPR 717 | |
| Telephone: 609-757-7400 | | | |
| Date: 08/10/1993 | Time: | 10:18 | |
| Other: | | | |
| Name: Not reported | Title: | Not reported | |
| Telephone: Not reported | | | |
| Date: Not reported | Time: | Not reported | |
| Incident: | | | |
| Name: G.McCREARY | Referred To: | DRPSR | |
| Region: ER2 | Telephone: | Office, Faxed | |
| Date: 08/10/1993 | Incident Time: | 10:17 | |
| ITM: T | | | |
| Incident Description: | Illegal Dumping | | |
| Wind Direction/Speed: | Not reported | | |
| Assistance Requested: | Yes | | |
| Date A310 Letter Printed: | Not reported | | |
| Date Local Authority Was Notified: | Not reported | | |
| Date Update: | Not reported | | |
| Date Report Faxed to Local Authority: | Not reported | | |
| Local Authority Notification Date 1: | Not reported | | |
| Local Authority Notification Date 2: | Not reported | | |
| Local Authority Notification Date 3: | Not reported | | |
| Status at Spill: | ABOVE MATERIAL WAS DUMPED INTO SEWER DRAIN AT LOCATION. | | |
| Comments: | Not reported | | |
| NJ Spill: | | | |
| Facility ID: 13484 | Case Number: | 93-8-10-1013-25 | |
| Date Received: 08/10/1993 | Operator: | ROGER | |
| Location: Other | Nature of Incident: | Citizen | |
| Facility Phone: Not reported | Facility Type: | Residential | |
| Date of Incident: 08/09/1993 | Time of Incident: | 16:30 | |
| Substance(s): OIL MOTOR | | | |
| Substance Type: Liquid | Substance Identity: | Suspected | |
| A310 Letter: Yes | TCPA Chemical: | No | |
| Hazrds Material: Yes | CAS Number: | Not reported | |
| COMU: 0408 | Ref. Code: | 002 | |
| Amnt Released: 3-5 QTS | Release VE: | Estimate | |
| Release Type: Intermittent | Contained: | No | |
| Injuries: No | Facility Evacuation: | No | |
| Public Exposure: Yes | Public Evacuation: | No | |
| Police at Scene: No | Firemen at Scene: | No | |
| Contamination of: Land, Water | Receiving Water: | UNKNOWN | |
| Caller: | | | |
| Name: ANONYMOUS | Title: | CITIZEN | |

DETAILED ORPHAN LISTING

| Site | Database(s) | EDR ID Number EPA ID Number |
|---|--|--------------------------------|
| STORM SEWER/ 1000 BLK (Continued) | | S102196623 |
| Address: Not reported Phone: Not reported Responsible Party: Name: UnKnown Contact: Not reported Address: Not reported County: Not reported NJ Spill: Name: OEM Phone: 609-882-2000 Date: 08/10/1993 Local Municipality: Name: CAMDEN CITY Phone: 609-757-7400 Date: 08/10/1993 Other: Name: Not reported Phone: Not reported Date: Not reported Incident: Name: G.McCREARY Region: ER2 Date: 08/10/1993 ITM: T Incident Description: Illegal Dumping Wind Direction/Speed: Not reported Assistance Requested: Yes Date A310 Letter Printed: Not reported Date Local Authority Was Notified: Not reported Date Update: Not reported Date Report Faxed to Local Authority: Not reported Local Authority Notification Date 1: Not reported Local Authority Notification Date 2: Not reported Local Authority Notification Date 3: Not reported Status at Spill: ABOVE MATERIAL WAS DUMPED INTO SEWER DRAIN AT LOCATION. Comments: Not reported | Company: Not reported Title: Not reported Phone: Not reported Title: FAXED Time: Not reported Title: OPR 717 Time: 10:18 Title: Not reported Time: Not reported Referred To: DRPSR Telephone: Office,Faxed Incident Time: 10:17 | |
| AREA OF 3225 MOUNT EPHRAIM AVE CAMDEN, NJ | NJ Spills | S103903367 N/A |
| NJ Spill: Facility ID: 42386.0000 Date Received: Not reported Location: Not reported Facility Phone: 609-962-6709 Date of Incident: Not reported Substance(s): Not reported Substance Type: Not reported A310 Letter: Not reported Hazrds Material: Not reported COMU: 0408 Amnt Released: Not reported Release Type: Not reported Injuries: No Public Exposure: Not reported Police at Scene: Not reported Contamination of: Not reported | Case Number: 99-05-01-1350-04 Operator: JIMH Nature of Incident: Not reported Facility Type: Residential Time of Incident: Not reported Substance Identity: Not reported TCPA Chemical: Not reported CAS Number: Not reported Ref. Code: 012 Release VE: Not reported Contained: Not reported Facility Evacuation: Not reported Public Evacuation: Not reported Firemen at Scene: Not reported Receiving Water: Not reported | |

DETAILED ORPHAN LISTING

| Site | Database(s) | EDR ID Number EPA ID Number |
|------|-------------|--------------------------------|
|------|-------------|--------------------------------|

AREA OF (Continued)

S103903367

| | | | |
|---------------------------------------|-----------------------------------|----------------|--------------|
| Caller: | | | |
| Name: | EVE MADDEN | Title: | CITIZEN |
| Address: | 3225 MT EPHRIAM AVE CAMDEN, NJ | | |
| Phone: | 609-962-6709 | | |
| Responsible Party: | | | |
| Name: | Known | Company: | Not reported |
| Contact: | Not reported | Title: | Not reported |
| Address: | Not reported | | |
| County: | Not reported | Phone: | Not reported |
| NJ Spill: | | | |
| Name: | Not reported | Title: | Not reported |
| Phone: | Not reported | | |
| Date: | Not reported | Time: | Not reported |
| Local Municipality: | | | |
| Name: | Not reported | Title: | Not reported |
| Phone: | Not reported | | |
| Date: | Not reported | Time: | Not reported |
| Other: | | | |
| Name: | Not reported | Title: | Not reported |
| Phone: | Not reported | | |
| Date: | Not reported | Time: | Not reported |
| Incident: | | | |
| Name: | Not reported | Referred To: | Not reported |
| Region: | Not reported | Telephone: | Not reported |
| Date: | Not reported | Incident Time: | Not reported |
| ITM: | Not reported | | |
| Incident Description: | Not reported | | |
| Wind Direction/Speed: | Not reported | | |
| Assistance Requested: | Yes | | |
| Date A310 Letter Printed: | Not reported | | |
| Date Local Authority Was Notified: | Not reported | | |
| Date Update: | Not reported | | |
| Date Report Faxed to Local Authority: | Not reported | | |
| Local Authority Notification Date 1: | Not reported | | |
| Local Authority Notification Date 2: | Not reported | | |
| Local Authority Notification Date 3: | Not reported | | |
| Status at Spill: | Not reported | | |
| Comments: | Not reported | | |

VACANT LOT

2630 MOUNT EPHRAIM AVE
CAMDEN, NJ

NJ Release
NJ Spills

S102192991
N/A

| | | | |
|-------------------|----------------------------------|----------------------|-----------------|
| NJ Release: | | Case Number: | 93-4-15-1209-31 |
| Facility ID: | 6064 | Operator: | ROGER |
| Date Received: | 04/15/1993 | Nature of Incident: | Other |
| Location: | Other | Facility Type: | Industrial |
| Facility Phone: | Not reported | Time of Incident: | 12:00 |
| Date of Incident: | 04/15/1993 | | |
| Substance(s): | DRUMS,ABANDONED, UNKNOWN LEAKING | Substance Identity: | Unknown |
| Substance Type: | Liquid | TCPA Chemical: | Unknown |
| A310 Letter: | Yes | CAS Number: | Not reported |
| Hazrds Material: | Unknown | Ref. Code: | 002 |
| COMU: | 0408 | Release VE: | Not reported |
| Amnt Released: | UNKNOWN | Contained: | No |
| Release Type: | Continuous | Facility Evacuation: | No |
| Injuries: | No | | |

DETAILED ORPHAN LISTING

| Site | Database(s) | EDR ID Number EPA ID Number |
|------|-------------|--------------------------------|
|------|-------------|--------------------------------|

VACANT LOT (Continued)

S102192991

Public Exposure: No
Police at Scene: Yes
Contamination of: Land

Public Evacuation: No
Firemen at Scene: Yes
Receiving Water: Not reported

Caller:

Name: ERNIE SMITH
Address: Not reported
Telephone: 609-757-8600

Title: CAMDEN CTY H.D.

Responsible Party:

Name: UnKnown
Contact: Not reported
Address: Not reported
County: Not reported

Company: Not reported
Title: Not reported

Telephone: Not reported

NJ Spill:

Name: Not reported
Telephone: Not reported
Date: Not reported

Title: Not reported

Time: Not reported

Local Municipality:

Name: CAMDEN CITY
Telephone: 609-757-7400
Date: 04/15/1993

Municipality Title: OPR.703

Time: 12:15

Other:

Name: Not reported
Telephone: Not reported
Date: Not reported

Title: Not reported

Time: Not reported

Incident:

Name: B.WINTERBURN
Region: ER2
Date: 04/15/1993
ITM: T

Referred To: DRPSR
Telephone: Office,Faxed
Incident Time: 12:12

Incident Description: Abandoned Containers

Wind Direction/Speed: Not reported

Assistance Requested: Yes

Date A310 Letter Printed: Not reported

Date Local Authority Was Notified: Not reported

Date Update: Not reported

Date Report Faxed to Local Authority: Not reported

Local Authority Notification Date 1: Not reported

Local Authority Notification Date 2: Not reported

Local Authority Notification Date 3: Not reported

Status at Spill: 52-55 GALS DRUMS UNK LEAKING. ABANDON AT LOCATION. YESTERDAY THERE WAS A FIRE AT THE SITE.

Comments: Not reported

NJ Spill:

Facility ID: 6064
Date Received: 04/15/1993
Location: Other
Facility Phone: Not reported
Date of Incident: 04/15/1993
Substance(s): DRUMS,ABANDONED, UNKNOWN LEAKING
Substance Type: Liquid
A310 Letter: Yes
Hazrds Material: Unknown
COMU: 0408
Amnt Released: UNKNOWN
Release Type: Continuous
Injuries: No

Case Number: 93-4-15-1209-31
Operator: ROGER
Nature of Incident: Other
Facility Type: Industrial
Time of Incident: 12:00

Substance Identity: Unknown
TCPA Chemical: Unknown
CAS Number: Not reported
Ref. Code: 002
Release VE: Not reported
Contained: No
Facility Evacuation: No

DETAILED ORPHAN LISTING

| Site | Database(s) | EDR ID Number EPA ID Number |
|---|-------------------------------|--------------------------------|
| VACANT LOT (Continued) | | S102192991 |
| Public Exposure: No | Public Evacuation: No | |
| Police at Scene: Yes | Firemen at Scene: Yes | |
| Contamination of: Land | Receiving Water: Not reported | |
| Caller: | | |
| Name: ERNIE SMITH | Title: CAMDEN CTY H.D. | |
| Address: Not reported | | |
| Phone: 609-757-8600 | | |
| Responsible Party: | | |
| Name: UnKnown | Company: Not reported | |
| Contact: Not reported | Title: Not reported | |
| Address: Not reported | | |
| County: Not reported | Phone: Not reported | |
| NJ Spill: | | |
| Name: Not reported | Title: Not reported | |
| Phone: Not reported | | |
| Date: Not reported | Time: Not reported | |
| Local Municipality: | | |
| Name: CAMDEN CITY | Title: OPR.703 | |
| Phone: 609-757-7400 | | |
| Date: 04/15/1993 | Time: 12:15 | |
| Other: | | |
| Name: Not reported | Title: Not reported | |
| Phone: Not reported | | |
| Date: Not reported | Time: Not reported | |
| Incident: | | |
| Name: B.WINTERBURN | Referred To: DRPSR | |
| Region: ER2 | Telephone: Office,Faxed | |
| Date: 04/15/1993 | Incident Time: 12:12 | |
| ITM: T | | |
| Incident Description: Abandoned Containers | | |
| Wind Direction/Speed: Not reported | | |
| Assistance Requested: Yes | | |
| Date A310 Letter Printed: Not reported | | |
| Date Local Authority Was Notified: Not reported | | |
| Date Update: Not reported | | |
| Date Report Faxed to Local Authority: Not reported | | |
| Local Authority Notification Date 1: Not reported | | |
| Local Authority Notification Date 2: Not reported | | |
| Local Authority Notification Date 3: Not reported | | |
| Status at Spill: 52-55 GALS DRUMS UNK LEAKING. ABANDON AT LOCATION. YESTERDAY THERE WAS A FIRE AT THE SITE. | | |
| Comments: Not reported | | |

VACANT HOUSE **6TH / MT VERNON AVES** **CAMDEN, NJ**

NJ Release S102193568
NJ Spills N/A

NJ Release:

Facility ID: 7180
Date Received: 05/01/1993
Location: Other
Facility Phone: Not reported
Date of Incident: 05/01/1993
Substance(s): DRUMS, ABANDONED, LEAKING
Substance Type: Liquid
A310 Letter: No
Hazrds Material: Unknown
COMU: 0408

Case Number: 93-5-1-1407-21
Operator: RICH
Nature of Incident: Municipal
Facility Type: Residential
Time of Incident: 12:20
Substance Identity: Known
TCPA Chemical: Unknown
CAS Number: N/A
Ref. Code: 002

DETAILED ORPHAN LISTING

| Site | Database(s) | EDR ID Number EPA ID Number |
|--|----------------------------------|--------------------------------|
| VACANT HOUSE (Continued) | | S102193568 |
| Amnt Released: UNKNOWN | Release VE: Not reported | |
| Release Type: Terminated | Contained: Yes | |
| Injuries: No | Facility Evacuation: No | |
| Public Exposure: No | Public Evacuation: No | |
| Police at Scene: Yes | Firemen at Scene: Yes | |
| Contamination of: Land | Receiving Water: Not reported | |
| Caller: | | |
| Name: OPER 30 | Title: CITY F.D. | |
| Address: CAMDEN, NJ | | |
| Telephone: 609-784-6660 | | |
| Responsible Party: | | |
| Name: UnKnown | Company: Not reported | |
| Contact: Not reported | Title: Not reported | |
| Address: Not reported | | |
| County: Not reported | Telephone: Not reported | |
| NJ Spill: | | |
| Name: Not reported | Title: Not reported | |
| Telephone: Not reported | | |
| Date: Not reported | Time: Not reported | |
| Local Municipality: | | |
| Name: Not reported | Municipality Title: Not reported | |
| Telephone: Not reported | | |
| Date: Not reported | Time: Not reported | |
| Other: | | |
| Name: Not reported | Title: Not reported | |
| Telephone: Not reported | | |
| Date: Not reported | Time: Not reported | |
| Incident: | | |
| Name: PAT DIGANGI | Referred To: DRPSR | |
| Region: ER2 | Telephone: Paged,Faxed | |
| Date: 05/01/1993 | Incident Time: 14:12 | |
| ITM: B | | |
| Incident Description: Abandoned Containers | | |
| Wind Direction/Speed: Not reported | | |
| Assistance Requested: No | | |
| Date A310 Letter Printed: Not reported | | |
| Date Local Authority Was Notified: Not reported | | |
| Date Update: Not reported | | |
| Date Report Faxed to Local Authority: Not reported | | |
| Local Authority Notification Date 1: Not reported | | |
| Local Authority Notification Date 2: Not reported | | |
| Local Authority Notification Date 3: Not reported | | |
| Status at Spill: 3-55 GAL DRUMS WITH OIL WERE LEAKING PRODUCT IN BASEMENT, CONTAINED BY F.D. & CITY H.D. DOING CLEANUP | | |
| Comments: Not reported | | |
| NJ Spill: | | |
| Facility ID: 7180 | Case Number: 93-5-1-1407-21 | |
| Date Received: 05/01/1993 | Operator: RICH | |
| Location: Other | Nature of Incident: Municipal | |
| Facility Phone: Not reported | Facility Type: Residential | |
| Date of Incident: 05/01/1993 | Time of Incident: 12:20 | |
| Substance(s): DRUMS, ABANDONED, LEAKING | | |
| Substance Type: Liquid | Substance Identity: Known | |
| A310 Letter: No | TCPA Chemical: Unknown | |
| Hazrds Material: Unknown | CAS Number: N/A | |
| COMU: 0408 | Ref. Code: 002 | |

DETAILED ORPHAN LISTING

| Site | Database(s) | EDR ID Number EPA ID Number |
|------|-------------|--------------------------------|
|------|-------------|--------------------------------|

VACANT HOUSE (Continued)

S102193568

| | |
|--|-------------------------------|
| Amnt Released: UNKNOWN | Release VE: Not reported |
| Release Type: Terminated | Contained: Yes |
| Injuries: No | Facility Evacuation: No |
| Public Exposure: No | Public Evacuation: No |
| Police at Scene: Yes | Firemen at Scene: Yes |
| Contamination of: Land | Receiving Water: Not reported |
| Caller: | |
| Name: OPER 30 | Title: CITY F.D. |
| Address: CAMDEN, NJ | |
| Phone: 609-784-6660 | |
| Responsible Party: | |
| Name: UnKnown | Company: Not reported |
| Contact: Not reported | Title: Not reported |
| Address: Not reported | |
| County: Not reported | Phone: Not reported |
| NJ Spill: | |
| Name: Not reported | Title: Not reported |
| Phone: Not reported | |
| Date: Not reported | Time: Not reported |
| Local Municipality: | |
| Name: Not reported | Title: Not reported |
| Phone: Not reported | |
| Date: Not reported | Time: Not reported |
| Other: | |
| Name: Not reported | Title: Not reported |
| Phone: Not reported | |
| Date: Not reported | Time: Not reported |
| Incident: | |
| Name: PAT DIGANGI | Referred To: DRPSR |
| Region: ER2 | Telephone: Paged, Faxed |
| Date: 05/01/1993 | Incident Time: 14:12 |
| ITM: B | |
| Incident Description: Abandoned Containers | |
| Wind Direction/Speed: Not reported | |
| Assistance Requested: No | |
| Date A310 Letter Printed: Not reported | |
| Date Local Authority Was Notified: Not reported | |
| Date Update: Not reported | |
| Date Report Faxed to Local Authority: Not reported | |
| Local Authority Notification Date 1: Not reported | |
| Local Authority Notification Date 2: Not reported | |
| Local Authority Notification Date 3: Not reported | |
| Status at Spill: 3-55 GAL DRUMS WITH OIL WERE LEAKING PRODUCT IN BASEMENT, CONTAINED BY F.D. & CITY H.D. DOING CLEANUP | |
| Comments: Not reported | |

INTERSECTION OF RT#130 & MT.EPHRAIM AVE CAMDEN, NJ

| | |
|------------|------------|
| NJ Release | S102199522 |
| NJ Spills | N/A |

NJ Release:

Facility ID: 19346
Date Received: 11/16/1993
Location: Other
Facility Phone: Not reported
Date of Incident: 11/16/1993
Substance(s): OIL TRANSFORMER UNK PCB
Substance Type: Liquid

Case Number: 93-11-16-1134-00
Operator: JOYCE
Nature of Incident: Municipal
Facility Type: Residential
Time of Incident: 11:14
Substance Identity: Known

DETAILED ORPHAN LISTING

| Site | Database(s) | EDR ID Number EPA ID Number |
|------|-------------|--------------------------------|
|------|-------------|--------------------------------|

INTERSECTION OF RT#130 & (Continued)

S102199522

| | | | |
|---------------------------------------|--|----------------------|------------------|
| A310 Letter: | No | TCPA Chemical: | No |
| Hazrds Material: | Yes | CAS Number: | Not reported |
| COMU: | 0408 | Ref. Code: | 101 |
| Amnt Released: | 8-10 GAL | Release VE: | Estimate |
| Release Type: | Terminated | Contained: | Yes |
| Injuries: | No | Facility Evacuation: | No |
| Public Exposure: | No | Public Evacuation: | No |
| Police at Scene: | Yes | Firemen at Scene: | Yes |
| Contamination of: | Land | Receiving Water: | Not reported |
| Caller: | | | |
| Name: | DISP. #23 | Title: | CAMDEN FD |
| Address: | CAMDEN, NJ | | |
| Telephone: | 609-757-7503 | | |
| Responsible Party: | | | |
| Name: | Known | Company: | P.S.E. & G. |
| Contact: | Not reported | Title: | Not reported |
| Address: | Not reported | | |
| County: | Not reported | Telephone: | Not reported |
| NJ Spill: | | | |
| Name: | Not reported | Title: | Not reported |
| Telephone: | Not reported | | |
| Date: | Not reported | Time: | Not reported |
| Local Municipality: | | | |
| Name: | Not reported | Municipality Title: | Not reported |
| Telephone: | Not reported | | |
| Date: | Not reported | Time: | Not reported |
| Other: | | | |
| Name: | Not reported | Title: | Not reported |
| Telephone: | Not reported | | |
| Date: | Not reported | Time: | Not reported |
| Incident: | | | |
| Name: | Not reported | Referred To: | DRPSR |
| Region: | BFO-SA | Telephone: | Faxed, Mailed |
| Date: | 11/16/1993 | Incident Time: | Not reported |
| ITM: | B | | |
| Incident Description: | Spill | | |
| Wind Direction/Speed: | Not reported | | |
| Assistance Requested: | No | | |
| Date A310 Letter Printed: | Not reported | | |
| Date Local Authority Was Notified: | Not reported | | |
| Date Update: | Not reported | | |
| Date Report Faxed to Local Authority: | Not reported | | |
| Local Authority Notification Date 1: | Not reported | | |
| Local Authority Notification Date 2: | Not reported | | |
| Local Authority Notification Date 3: | Not reported | | |
| Status at Spill: | SPILL FROM TRANSFORMER, P.S.E. & G. ON SITE. | | |
| Comments: | Not reported | | |
| NJ Spill: | | | |
| Facility ID: | 19346 | Case Number: | 93-11-16-1134-00 |
| Date Received: | 11/16/1993 | Operator: | JOYCE |
| Location: | Other | Nature of Incident: | Municipal |
| Facility Phone: | Not reported | Facility Type: | Residential |
| Date of Incident: | 11/16/1993 | Time of Incident: | 11:14 |
| Substance(s): | OIL TRANSFORMER UNK PCB | | |
| Substance Type: | Liquid | Substance Identity: | Known |
| A310 Letter: | No | TCPA Chemical: | No |

DETAILED ORPHAN LISTING

| Site | Database(s) | EDR ID Number EPA ID Number |
|------|-------------|--------------------------------|
|------|-------------|--------------------------------|

INTERSECTION OF RT#130 & (Continued)

S102199522

| | |
|---|-------------------------------|
| Hazrds Material: Yes | CAS Number: Not reported |
| COMU: 0408 | Ref. Code: 101 |
| Amnt Released: 8-10 GAL | Release VE: Estimate |
| Release Type: Terminated | Contained: Yes |
| Injuries: No | Facility Evacuation: No |
| Public Exposure: No | Public Evacuation: No |
| Police at Scene: Yes | Firemen at Scene: Yes |
| Contamination of: Land | Receiving Water: Not reported |
| Caller: | |
| Name: DISP. #23 | Title: CAMDEN FD |
| Address: CAMDEN, NJ | |
| Phone: 609-757-7503 | |
| Responsible Party: | |
| Name: Known | Company: P.S.E. & G. |
| Contact: Not reported | Title: Not reported |
| Address: Not reported | |
| County: Not reported | Phone: Not reported |
| NJ Spill: | |
| Name: Not reported | Title: Not reported |
| Phone: Not reported | |
| Date: Not reported | Time: Not reported |
| Local Municipality: | |
| Name: Not reported | Title: Not reported |
| Phone: Not reported | |
| Date: Not reported | Time: Not reported |
| Other: | |
| Name: Not reported | Title: Not reported |
| Phone: Not reported | |
| Date: Not reported | Time: Not reported |
| Incident: | |
| Name: Not reported | Referred To: DRPSR |
| Region: BFO-SA | Telephone: Faxed, Mailed |
| Date: 11/16/1993 | Incident Time: Not reported |
| ITM: B | |
| Incident Description: Spill | |
| Wind Direction/Speed: Not reported | |
| Assistance Requested: No | |
| Date A310 Letter Printed: Not reported | |
| Date Local Authority Was Notified: Not reported | |
| Date Update: Not reported | |
| Date Report Faxed to Local Authority: Not reported | |
| Local Authority Notification Date 1: Not reported | |
| Local Authority Notification Date 2: Not reported | |
| Local Authority Notification Date 3: Not reported | |
| Status at Spill: SPILL FROM TRANSFORMER, P.S.E. & G. ON SITE. | |
| Comments: Not reported | |

AREA OF MT.EPHRIAM/HADDON CAMDEN, NJ

NJ Spills

S103904314
N/A

| | |
|--------------------------------|----------------------------------|
| NJ Spill: | |
| Facility ID: 44452.0000 | Case Number: 99-06-09-0954-42 |
| Date Received: Not reported | Operator: JIMH |
| Location: Not reported | Nature of Incident: Not reported |
| Facility Phone: Not reported | Facility Type: Commercial |
| Date of Incident: Not reported | Time of Incident: Not reported |
| Substance(s): Not reported | |

DETAILED ORPHAN LISTING

| | | |
|------|-------------|---------------|
| Site | Database(s) | EDR ID Number |
| | | EPA ID Number |

AREA OF (Continued)

S103904314

| | | | |
|---------------------------------------|--------------------------------|----------------------|--------------|
| Substance Type: | Not reported | Substance Identity: | Not reported |
| A310 Letter: | Not reported | TCPA Chemical: | Not reported |
| Hazrds Material: | Not reported | CAS Number: | Not reported |
| COMU: | 0408 | Ref. Code: | 101 |
| Amnt Released: | Not reported | Release VE: | Not reported |
| Release Type: | Not reported | Contained: | Not reported |
| Injuries: | No | Facility Evacuation: | Not reported |
| Public Exposure: | Not reported | Public Evacuation: | Not reported |
| Police at Scene: | Not reported | Firemen at Scene: | Not reported |
| Contamination of: | Not reported | Receiving Water: | Not reported |
| Caller: | | | |
| Name: | RUSSEL SAMAROO | Title: | NJ TRANSIT |
| Address: | ONE PENN PLAZA E NEWARK, NJ | | |
| Phone: | 973-491-7216 | | |
| Responsible Party: | | | |
| Name: | Known | Company: | Not reported |
| Contact: | Not reported | Title: | Not reported |
| Address: | Not reported | | |
| County: | Not reported | Phone: | Not reported |
| NJ Spill: | | | |
| Name: | Not reported | Title: | Not reported |
| Phone: | Not reported | | |
| Date: | Not reported | Time: | Not reported |
| Local Municipality: | | | |
| Name: | Not reported | Title: | Not reported |
| Phone: | Not reported | | |
| Date: | Not reported | Time: | Not reported |
| Other: | | | |
| Name: | Not reported | Title: | Not reported |
| Phone: | Not reported | | |
| Date: | Not reported | Time: | Not reported |
| Incident: | | | |
| Name: | Not reported | Referred To: | Not reported |
| Region: | Not reported | Telephone: | Not reported |
| Date: | Not reported | Incident Time: | Not reported |
| ITM: | Not reported | | |
| Incident Description: | Not reported | | |
| Wind Direction/Speed: | Not reported | | |
| Assistance Requested: | No | | |
| Date A310 Letter Printed: | Not reported | | |
| Date Local Authority Was Notified: | Not reported | | |
| Date Update: | Not reported | | |
| Date Report Faxed to Local Authority: | Not reported | | |
| Local Authority Notification Date 1: | Not reported | | |
| Local Authority Notification Date 2: | Not reported | | |
| Local Authority Notification Date 3: | Not reported | | |
| Status at Spill: | Not reported | | |
| Comments: | Not reported | | |

IN THE AREA OF
3RD / NICKEL AVE
CAMDEN, NJ

NJ Release S102206755
NJ Spills N/A

NJ Release:
Facility ID: 12322
Date Received: 07/12/1994
Location: Other

Case Number: 94-7-12-1734-12
Operator: DIANNE
Nature of Incident: Facility

DETAILED ORPHAN LISTING

| Site | Database(s) | EDR ID Number EPA ID Number |
|------|-------------|--------------------------------|
|------|-------------|--------------------------------|

IN THE AREA OF (Continued)

S102206755

Facility Phone: Not reported
 Date of Incident: 07/12/1994
 Substance(s): OIL TRANSFORMER NON-PCB
 Substance Type: Liquid
 A310 Letter: Yes
 Hazrds Material: Yes
 COMU: 0408
 Amnt Released: 1 PINT
 Release Type: Terminated
 Injuries: No
 Public Exposure: No
 Police at Scene: No
 Contamination of: Land

Facility Type: Commercial
 Time of Incident: 16:40
 Substance Identity: Known
 TCPA Chemical: No
 CAS Number: Not reported
 Ref. Code: 101
 Release VE: Estimate
 Contained: Yes
 Facility Evacuation: No
 Public Evacuation: No
 Firemen at Scene: No
 Receiving Water: Not reported

Caller:
 Name: STREAHLE
 Address: 300 NEW ALBANY RD
 MOORSETOWN, NJ
 Telephone: 609-778-6853

Title: PSE&G

Responsible Party:
 Name: Known
 Contact: STREAHLE
 Address: 300 NEW ALBANY RD
 MOORSETOWN, NJ
 County: BURLINGTON

Company: PSE&G
 Title: SERV DISP

NJ Spill:
 Name: Not reported
 Telephone: Not reported
 Date: Not reported

Telephone: 609-778-6853

Title: Not reported

Time: Not reported

Local Municipality:
 Name: CAMDEN CITY
 Telephone: 609-757-7400
 Date: 07/12/1994

Municipality Title: OPR. #718

Time: 17:37

Other:
 Name: Not reported
 Telephone: Not reported
 Date: Not reported

Title: Not reported

Time: Not reported

Incident:
 Name: Not reported
 Region: BFO-CAS
 Date: 07/12/1994
 ITM: B

Referred To: DRPSR
 Telephone: Faxed, Mailed
 Incident Time: Not reported

Incident Description: Spill
 Wind Direction/Speed: Not reported
 Assistance Requested: No
 Date A310 Letter Printed: Not reported
 Date Local Authority Was Notified: Not reported
 Date Update: Not reported
 Date Report Faxed to Local Authority: Not reported
 Local Authority Notification Date 1: Not reported
 Local Authority Notification Date 2: Not reported
 Local Authority Notification Date 3: Not reported

Status at Spill: TRANSFORMER MALFUNCTION CAUSED SPILL. POLE #17227. CLEAN UP DONE BY PSE&G.

Comments: Not reported

NJ Spill:
 Facility ID: 12322

Case Number: 94-7-12-1734-12

DETAILED ORPHAN LISTING

| Site | Database(s) | EDR ID Number EPA ID Number |
|------|-------------|--------------------------------|
|------|-------------|--------------------------------|

IN THE AREA OF (Continued)

S102206755

Date Received: 07/12/1994
 Location: Other
 Facility Phone: Not reported
 Date of Incident: 07/12/1994
 Substance(s): OIL TRANSFORMER NON-PCB
 Substance Type: Liquid
 A310 Letter: Yes
 Hazrds Material: Yes
 COMU: 0408
 Amnt Released: 1 PINT
 Release Type: Terminated
 Injuries: No
 Public Exposure: No
 Police at Scene: No
 Contamination of: Land

Operator: DIANNE
 Nature of Incident: Facility
 Facility Type: Commercial
 Time of Incident: 16:40
 Substance Identity: Known
 TCEPA Chemical: No
 CAS Number: Not reported
 Ref. Code: 101
 Release VE: Estimate
 Contained: Yes
 Facility Evacuation: No
 Public Evacuation: No
 Firemen at Scene: No
 Receiving Water: Not reported

Caller:
 Name: STREAHLE
 Address: 300 NEW ALBANY RD
 MOORSETOWN, NJ
 Phone: 609-778-6853

Title: PSE&G

Responsible Party:

Name: Known
 Contact: STREAHLE
 Address: 300 NEW ALBANY RD
 MOORSETOWN, NJ
 County: BURLINGTON

Company: PSE&G
 Title: SERV DISP

NJ Spill:
 Name: Not reported
 Phone: Not reported
 Date: Not reported

Phone: 609-778-6853

Title: Not reported

Time: Not reported

Local Municipality:

Name: CAMDEN CITY
 Phone: 609-757-7400
 Date: 07/12/1994

Title: OPR. #718

Time: 17:37

Other:

Name: Not reported
 Phone: Not reported
 Date: Not reported

Title: Not reported

Time: Not reported

Incident:

Name: Not reported
 Region: BFO-CAS
 Date: 07/12/1994
 ITM: B

Referred To: DRPSR
 Telephone: Faxed,Mailed
 Incident Time: Not reported

Incident Description: Spill
 Wind Direction/Speed: Not reported
 Assistance Requested: No
 Date A310 Letter Printed: Not reported
 Date Local Authority Was Notified: Not reported
 Date Update: Not reported
 Date Report Faxed to Local Authority: Not reported
 Local Authority Notification Date 1: Not reported
 Local Authority Notification Date 2: Not reported
 Local Authority Notification Date 3: Not reported

Status at Spill: TRANSFORMER MALFUNCTION CAUSED SPILL. POLE #17227. CLEAN UP DONE BY PSE&G.

Comments: Not reported

DETAILED ORPHAN LISTING

| Site | Database(s) | EDR ID Number EPA ID Number |
|---|-------------------------------------|----------------------------------|
| RUTGERS UNIVERSITY CAMDEN PEARL ST PARK LOT #16 CAMDEN, NJ | LUST | S103514056 N/A |
| LUST: | | |
| Facility ID: | 98-08-20-1241-07 | |
| Facility Status: | Assigned to a Program | |
| UST ID: | 0092054 | |
| Lead Program Assigned to Case: | Bureau of Underground Storage Tanks | |
| TMS Number: | N98-1563 | |
| Remedial Level: | B | |
| Case Manager: | SH | |
| Web Data Case Manager: | Not reported | |
| 200 BLOCK OF PFIEFER ST CAMDEN, NJ | NJ Release NJ Spills | S102195130 N/A |
| NJ Release: | | |
| Facility ID: | 10388 | Case Number: 93-6-21-2039-17 |
| Date Received: | 06/21/1993 | Operator: PAT |
| Location: | Other | Nature of Incident: Municipal |
| Facility Phone: | Not reported | Facility Type: Residential |
| Date of Incident: | 06/21/1993 | Time of Incident: 20:18 |
| Substance(s): | OIL HEATING | |
| Substance Type: | Liquid | Substance Identity: Known |
| A310 Letter: | No | TCPA Chemical: No |
| Hazrds Material: | Yes | CAS Number: Not reported |
| COMU: | 0408 | Ref. Code: 002 |
| Amnt Released: | 50-70 GAL | Release VE: Estimate |
| Release Type: | Terminated | Contained: No |
| Injuries: | No | Facility Evacuation: No |
| Public Exposure: | Yes | Public Evacuation: No |
| Police at Scene: | Yes | Firemen at Scene: Yes |
| Contamination of: | Land, Water | Receiving Water: UNKNOWN |
| Caller: | | |
| Name: | DISP MCCARTY | Title: CAMDEN FD |
| Address: | Not reported | |
| Telephone: | 609-757-7502 | |
| Responsible Party: | | |
| Name: | UnKnown | Company: Not reported |
| Contact: | Not reported | Title: Not reported |
| Address: | Not reported | |
| County: | Not reported | Telephone: Not reported |
| NJ Spill: | | |
| Name: | Not reported | Title: Not reported |
| Telephone: | Not reported | |
| Date: | Not reported | Time: Not reported |
| Local Municipality: | | |
| Name: | Not reported | Municipality Title: Not reported |
| Telephone: | Not reported | |
| Date: | Not reported | Time: Not reported |
| Other: | | |
| Name: | Not reported | Title: Not reported |
| Telephone: | Not reported | |
| Date: | Not reported | Time: Not reported |
| Incident: | | |
| Name: | BOB WINTERBURN | Referred To: DRPSR |
| Region: | ER2 | Telephone: Home, Faxed |
| Date: | 06/21/1993 | Incident Time: 20:43 |

DETAILED ORPHAN LISTING

| Site | Database(s) | EDR ID Number EPA ID Number |
|------|-------------|--------------------------------|
|------|-------------|--------------------------------|

200 BLOCK OF (Continued)

S102195130

ITM: B
Incident Description: Spill
Wind Direction/Speed: Not reported
Assistance Requested: No
Date A310 Letter Printed: Not reported
Date Local Authority Was Notified: Not reported
Date Update: Not reported
Date Report Faxed to Local Authority: Not reported
Local Authority Notification Date 1: Not reported
Local Authority Notification Date 2: Not reported
Local Authority Notification Date 3: Not reported
Status at Spill: UST WAS OVERFILLED CAUSING SPILL. PRODUCT RUNNING INTO STORM DRAINS WITH RAIN WATER. CNTY HD ENROUTE WILL HANDLE.
Comments: Not reported

NJ Spill:

| | | | |
|-------------------|--------------|----------------------|-----------------|
| Facility ID: | 10388 | Case Number: | 93-6-21-2039-17 |
| Date Received: | 06/21/1993 | Operator: | PAT |
| Location: | Other | Nature of Incident: | Municipal |
| Facility Phone: | Not reported | Facility Type: | Residential |
| Date of Incident: | 06/21/1993 | Time of Incident: | 20:18 |
| Substance(s): | OIL HEATING | Substance Identity: | Known |
| Substance Type: | Liquid | TCPA Chemical: | No |
| A310 Letter: | No | CAS Number: | Not reported |
| Hazrds Material: | Yes | Ref. Code: | 002 |
| COMU: | 0408 | Release VE: | Estimate |
| Amnt Released: | 50-70 GAL | Contained: | No |
| Release Type: | Terminated | Facility Evacuation: | No |
| Injuries: | No | Public Evacuation: | No |
| Public Exposure: | Yes | Firemen at Scene: | Yes |
| Police at Scene: | Yes | Receiving Water: | UNKNOWN |
| Contamination of: | Land, Water | | |
| Caller: | | Title: | CAMDEN FD |
| Name: | DISP MCCARTY | | |
| Address: | Not reported | | |
| Phone: | 609-757-7502 | | |

Responsible Party:

| | | | |
|---------------------|----------------|----------------|--------------|
| Name: | Unknown | Company: | Not reported |
| Contact: | Not reported | Title: | Not reported |
| Address: | Not reported | | |
| County: | Not reported | Phone: | Not reported |
| NJ Spill: | | Title: | Not reported |
| Name: | Not reported | Time: | Not reported |
| Phone: | Not reported | | |
| Date: | Not reported | Title: | Not reported |
| Local Municipality: | | Time: | Not reported |
| Name: | Not reported | | |
| Phone: | Not reported | Title: | Not reported |
| Date: | Not reported | Time: | Not reported |
| Other: | | | |
| Name: | Not reported | Title: | Not reported |
| Phone: | Not reported | Time: | Not reported |
| Date: | Not reported | | |
| Incident: | | Referred To: | DRPSR |
| Name: | BOB WINTERBURN | Telephone: | Home, Faxed |
| Region: | ER2 | Incident Time: | 20:43 |
| Date: | 06/21/1993 | | |

DETAILED ORPHAN LISTING

| Site | Database(s) | EDR ID Number EPA ID Number |
|---|-------------|--------------------------------|
| 200 BLOCK OF (Continued) | | S102195130 |
| <p>ITM: B</p> <p>Incident Description: Spill</p> <p>Wind Direction/Speed: Not reported</p> <p>Assistance Requested: No</p> <p>Date A310 Letter Printed: Not reported</p> <p>Date Local Authority Was Notified: Not reported</p> <p>Date Update: Not reported</p> <p>Date Report Faxed to Local Authority: Not reported</p> <p>Local Authority Notification Date 1: Not reported</p> <p>Local Authority Notification Date 2: Not reported</p> <p>Local Authority Notification Date 3: Not reported</p> <p>Status at Spill: UST WAS OVERFILLED CAUSING SPILL. PRODUCT RUNNING INTO STORM DRAINS WITH RAIN WATER. CNTY HD ENROUTE WILL HANDLE.</p> <p>Comments: Not reported</p> | | |

PHILADELPHIA/NEW JERSEY AREA
PHILADELPHIA/NEW JERSEY AREA
CAMDEN, NJ

ERNS 8713720
N/A

ON 36TH ST AT
RIVER RD
CAMDEN, NJ

NJ Release S102206412
NJ Spills N/A

NJ Release:

Facility ID: 11631

Date Received: 07/01/1994

Location: Other

Facility Phone: Not reported

Date of Incident: 07/01/1994

Substance(s): OIL HYDRAULIC

Substance Type: Liquid

A310 Letter: No

Hazrds Material: Yes

COMU: 0408

Amnt Released: 10 GAL

Release Type: Terminated

Injuries: No

Public Exposure: No

Police at Scene: Yes

Contamination of: Land

Case Number: 94-7-1-1152-35

Operator: RICH

Nature of Incident: Municipal

Facility Type: Commercial

Time of Incident: 11:05

Substance Identity: Known

TCPA Chemical: No

CAS Number: Not reported

Ref. Code: 101

Release VE: Estimate

Contained: Yes

Facility Evacuation: No

Public Evacuation: No

Firemen at Scene: Yes

Receiving Water: Not reported

Caller:

Name: DISP 16

Address: FOR CAMDEN, NJ

Telephone: 609-757-7500

Title: CAMDEN CNTY COMM

Responsible Party:

Name: Known

Contact: Not reported

Address: WOODBINE, NJ

County: Not reported

Company: MARTEE CONTRACTORS

Title: Not reported

Telephone: 609-861-5000

NJ Spill:

Name: Not reported

Telephone: Not reported

Date: Not reported

Title: Not reported

Time: Not reported

Local Municipality:

Name: Not reported

Telephone: Not reported

Date: Not reported

Municipality Title: Not reported

Time: Not reported

DETAILED ORPHAN LISTING

| Site | Database(s) | EDR ID Number | EPA ID Number |
|------|-------------|---------------|---------------|
|------|-------------|---------------|---------------|

ON 36TH ST AT (Continued)

S102206412

Other:

Name: Not reported
Telephone: Not reported
Date: Not reported

Title: Not reported

Time: Not reported

Incident:

Name: Not reported
Region: BFO-CAS
Date: 07/01/1994
ITM: B

Referred To: DRPSR
Telephone: Faxed,Mailed
Incident Time: Not reported

Incident Description:

Wind Direction/Speed: Not reported
Assistance Requested: No
Date A310 Letter Printed: Not reported
Date Local Authority Was Notified: Not reported
Date Update: Not reported
Date Report Faxed to Local Authority: Not reported
Local Authority Notification Date 1: Not reported
Local Authority Notification Date 2: Not reported
Local Authority Notification Date 3: Not reported

Status at Spill: SPILL ON ROAD FROM BLOWN HOSE ON TRUCK, CLEANUP BY CNTY H.D. WHO ARE ON SCENE

Comments: Not reported

NJ Spill:

Facility ID: 11631
Date Received: 07/01/1994
Location: Other
Facility Phone: Not reported
Date of Incident: 07/01/1994
Substance(s): OIL HYDRAULIC
Substance Type: Liquid
A310 Letter: No
Hazrds Material: Yes
COMU: 0408
Amnt Released: 10 GAL
Release Type: Terminated
Injuries: No
Public Exposure: No
Police at Scene: Yes
Contamination of: Land

Case Number: 94-7-1-1152-35
Operator: RICH
Nature of Incident: Municipal
Facility Type: Commercial
Time of Incident: 11:05

Substance Identity: Known
TCPA Chemical: No
CAS Number: Not reported
Ref. Code: 101
Release VE: Estimate
Contained: Yes
Facility Evacuation: No
Public Evacuation: No
Firemen at Scene: Yes
Receiving Water: Not reported.

Caller:

Name: DISP 16
Address: FOR CAMDEN, NJ
Phone: 609-757-7500

Title: CAMDEN CNTY COMM

Responsible Party:

Name: Known
Contact: Not reported
Address: WOODBINE, NJ
County: Not reported

Company: MARTEE CONTRACTORS
Title: Not reported
Phone: 609-861-5000

NJ Spill:

Name: Not reported
Phone: Not reported
Date: Not reported

Title: Not reported
Time: Not reported

Local Municipality:

Name: Not reported
Phone: Not reported
Date: Not reported

Title: Not reported
Time: Not reported

DETAILED ORPHAN LISTING

| Site | Database(s) | EDR ID Number EPA ID Number |
|------|-------------|--------------------------------|
|------|-------------|--------------------------------|

ON 36TH ST AT (Continued)

S102206412

| | | | |
|---------------------------------------|---|----------------|--------------|
| Other: | | | |
| Name: | Not reported | Title: | Not reported |
| Phone: | Not reported | | |
| Date: | Not reported | Time: | Not reported |
| Incident: | | | |
| Name: | Not reported | Referred To: | DRPSR |
| Region: | BFO-CAS | Telephone: | Faxed,Mailed |
| Date: | 07/01/1994 | Incident Time: | Not reported |
| ITM: | B | | |
| Incident Description: | Spill | | |
| Wind Direction/Speed: | Not reported | | |
| Assistance Requested: | No | | |
| Date A310 Letter Printed: | Not reported | | |
| Date Local Authority Was Notified: | Not reported | | |
| Date Update: | Not reported | | |
| Date Report Faxed to Local Authority: | Not reported | | |
| Local Authority Notification Date 1: | Not reported | | |
| Local Authority Notification Date 2: | Not reported | | |
| Local Authority Notification Date 3: | Not reported | | |
| Status at Spill: | SPILL ON ROAD FROM BLOWN HOSE ON TRUCK, CLEANUP BY CNTY H.D. WHO ARE ON SCENE | | |
| Comments: | Not reported | | |

ON ROADWAY BTN 27TH & 36TH ST
RIVER RD
CAMDEN, NJ

NJ Release S102192014
NJ Spills N/A

| | | | |
|---------------------|--------------------|----------------------|-----------------|
| NJ Release: | | Case Number: | 93-3-18-1552-14 |
| Facility ID: | 4047 | Operator: | DAVE |
| Date Received: | 03/18/1993 | Nature of Incident: | Municipal |
| Location: | Other | Facility Type: | Residential |
| Facility Phone: | Not reported | Time of Incident: | 14:53 |
| Date of Incident: | 03/18/1993 | | |
| Substance(s): | OIL LIKE SUBSTANCE | Substance Identity: | Known |
| Substance Type: | Liquid | TCPA Chemical: | No |
| A310 Letter: | No | CAS Number: | Not reported |
| Hazrds Material: | Yes | Ref. Code: | 101 |
| COMU: | 0408 | Release VE: | Estimate |
| Amnt Released: | LESS 100 GAL | Contained: | Yes |
| Release Type: | Terminated | Facility Evacuation: | No |
| Injuries: | No | Public Evacuation: | No |
| Public Exposure: | No | Firemen at Scene: | Yes |
| Police at Scene: | Yes | Receiving Water: | Not reported |
| Contamination of: | Land | | |
| Caller: | | Title: | CAMDEN CTY COMM |
| Name: | DISP 16 | | |
| Address: | Not reported | | |
| Telephone: | Not reported | | |
| Responsible Party: | | Company: | Not reported |
| Name: | UnKnown | Title: | Not reported |
| Contact: | Not reported | | |
| Address: | Not reported | Telephone: | Not reported |
| County: | Not reported | | |
| NJ Spill: | | Title: | Not reported |
| Name: | Not reported | Time: | Not reported |
| Telephone: | Not reported | | |
| Date: | Not reported | | |
| Local Municipality: | | | |

DETAILED ORPHAN LISTING

| Site | Database(s) | EDR ID Number EPA ID Number |
|------|-------------|--------------------------------|
|------|-------------|--------------------------------|

ON ROADWAY BTN 27TH & 36TH ST (Continued)

S102192014

| | | | |
|---------------------------------------|--|---------------------|--------------|
| Name: | Not reported | Municipality Title: | Not reported |
| Telephone: | Not reported | | |
| Date: | Not reported | Time: | Not reported |
| Other: | | | |
| Name: | Not reported | Title: | Not reported |
| Telephone: | Not reported | | |
| Date: | Not reported | Time: | Not reported |
| Incident: | | | |
| Name: | Not reported | Referred To: | DRPSR |
| Region: | BFO-SA | Telephone: | Not reported |
| Date: | 03/18/1993 | Incident Time: | Not reported |
| ITM: | B | | |
| Incident Description: | Spill | | |
| Wind Direction/Speed: | Not reported | | |
| Assistance Requested: | No | | |
| Date A310 Letter Printed: | Not reported | | |
| Date Local Authority Was Notified: | Not reported | | |
| Date Update: | Not reported | | |
| Date Report Faxed to Local Authority: | Not reported | | |
| Local Authority Notification Date 1: | Not reported | | |
| Local Authority Notification Date 2: | Not reported | | |
| Local Authority Notification Date 3: | Not reported | | |
| Status at Spill: | SPILL DUE UNK CAUSE. LOCAL HD DOING CLEANUP. | | |
| Comments: | Not reported | | |

NJ Spill:

| | | | |
|---------------------|--------------------|----------------------|-----------------|
| Facility ID: | 4047 | Case Number: | 93-3-18-1552-14 |
| Date Received: | 03/18/1993 | Operator: | DAVE |
| Location: | Other | Nature of Incident: | Municipal |
| Facility Phone: | Not reported | Facility Type: | Residential |
| Date of Incident: | 03/18/1993 | Time of Incident: | 14:53 |
| Substance(s): | OIL LIKE SUBSTANCE | | |
| Substance Type: | Liquid | Substance Identity: | Known |
| A310 Letter: | No | TCPA Chemical: | No |
| Hazrds Material: | Yes | CAS Number: | Not reported |
| COMU: | 0408 | Ref. Code: | 101 |
| Amnt Released: | LESS 100 GAL | Release VE: | Estimate |
| Release Type: | Terminated | Contained: | Yes |
| Injuries: | No | Facility Evacuation: | No |
| Public Exposure: | No | Public Evacuation: | No |
| Police at Scene: | Yes | Firemen at Scene: | Yes |
| Contamination of: | Land | Receiving Water: | Not reported |
| Caller: | | | |
| Name: | DISP 16 | Title: | CAMDEN CTY COMM |
| Address: | Not reported | | |
| Phone: | Not reported | | |
| Responsible Party: | | | |
| Name: | UnKnown | Company: | Not reported |
| Contact: | Not reported | Title: | Not reported |
| Address: | Not reported | | |
| County: | Not reported | Phone: | Not reported |
| NJ Spill: | | | |
| Name: | Not reported | Title: | Not reported |
| Phone: | Not reported | | |
| Date: | Not reported | Time: | Not reported |
| Local Municipality: | | | |
| Name: | Not reported | Title: | Not reported |

DETAILED ORPHAN LISTING

| Site | Database(s) | EDR ID Number EPA ID Number |
|------|-------------|--------------------------------|
|------|-------------|--------------------------------|

ON ROADWAY BTN 27TH & 36TH ST (Continued)

S102192014

| | | | |
|---------------------------------------|--|----------------|--------------|
| Phone: | Not reported | Time: | Not reported |
| Date: | Not reported | | |
| Other: | | Title: | Not reported |
| Name: | Not reported | | |
| Phone: | Not reported | Time: | Not reported |
| Date: | Not reported | | |
| Incident: | | Referred To: | DRPSR |
| Name: | Not reported | Telephone: | Not reported |
| Region: | BFO-SA | Incident Time: | Not reported |
| Date: | 03/18/1993 | | |
| ITM: | B | | |
| Incident Description: | Spill | | |
| Wind Direction/Speed: | Not reported | | |
| Assistance Requested: | No | | |
| Date A310 Letter Printed: | Not reported | | |
| Date Local Authority Was Notified: | Not reported | | |
| Date Update: | Not reported | | |
| Date Report Faxed to Local Authority: | Not reported | | |
| Local Authority Notification Date 1: | Not reported | | |
| Local Authority Notification Date 2: | Not reported | | |
| Local Authority Notification Date 3: | Not reported | | |
| Status at Spill: | SPILL DUE UNK CAUSE. LOCAL HD DOING CLEANUP. | | |
| Comments: | Not reported | | |

**PSE&G CAMDEN GAS PLANT
SECOND+SPRUCE STS
CAMDEN, NJ**

**NJ Release S102210732
NJ Spills N/A**

NJ Spill:

Facility ID: 20347
Date Received: 11/16/1994
Location: Facility
Facility Phone: 609-573-2062
Date of Incident: 11/16/1994
Substance(s): OIL WASTE
Substance Type: Liquid
A310 Letter: No
Hazrds Material: Yes
COMU: 0408
Amnt Released: 3-4 GALS
Release Type: Terminated
Injuries: No
Public Exposure: No
Police at Scene: No
Contamination of: Land

Case Number: 94-11-16-0912-00
Operator: ROGER
Nature of Incident: Facility
Facility Type: Industrial
Time of Incident: 09:00

Substance Identity: Known
TCPA Chemical: No
CAS Number: Not reported
Ref. Code: 101
Release VE: Estimate
Contained: Yes
Facility Evacuation: No
Public Evacuation: No
Firemen at Scene: No
Receiving Water: NONE

Caller:
Name: CLYDE BOBBS
Address: SECOND+SPRUCE STS
CAMDEN, NJ
Phone: 609-573-2062

Title: PSE&G CAMDEN GAS

Responsible Party:
Name: Known
Contact: CLYDE BOBBSUPV
Address: SECOND+SPRUCE STS
CAMDEN, NJ
County: CAMDEN

Company: PSE&G CAMDEN GAS PLA
Title: PLT SP

NJ Spill:
Name: Not reported

Phone: 609-573-2062
Title: Not reported

DETAILED ORPHAN LISTING

| Site | Database(s) | EDR ID Number EPA ID Number |
|------|-------------|--------------------------------|
|------|-------------|--------------------------------|

PSE&G CAMDEN GAS PLANT (Continued)

S102210732

| | | | |
|---------------------------------------|---|----------------|---------------|
| Phone: | Not reported | Time: | Not reported |
| Date: | Not reported | | |
| Local Municipality: | | Title: | Not reported |
| Name: | CAMDEN CITY | Time: | Not reported |
| Phone: | 609-757-7400 | | |
| Date: | 11/16/1994 | Title: | Not reported |
| Other: | | Time: | Not reported |
| Name: | Not reported | | |
| Phone: | Not reported | Title: | Not reported |
| Date: | Not reported | Time: | Not reported |
| Incident: | | Referred To: | DRPSR |
| Name: | Not reported | Telephone: | Faxed, Mailed |
| Region: | BFO-CAS | Incident Time: | Not reported |
| Date: | 11/16/1994 | | |
| ITM: | B | | |
| Incident Description: | Spill | | |
| Wind Direction/Speed: | Not reported | | |
| Assistance Requested: | No | | |
| Date A310 Letter Printed: | Not reported | | |
| Date Local Authority Was Notified: | Not reported | | |
| Date Update: | Not reported | | |
| Date Report Faxed to Local Authority: | Not reported | | |
| Local Authority Notification Date 1: | Not reported | | |
| Local Authority Notification Date 2: | Not reported | | |
| Local Authority Notification Date 3: | Not reported | | |
| Status at Spill: | THIS IS A DRILL!!!! 1-55 GAL DRUM LEAKING MATERIAL IS CONTAINED AND BEING CLEANED UP. | | |
| Comments: | -----THIS IS A DRILL----- | | |

PAVONIA RAIL YARD 27 / SHERMAN CAMDEN, NJ

NJ Release S102193547
NJ Spills N/A

NJ Release:

| | | | |
|--------------------|-------------------------------|----------------------|-------------------|
| Facility ID: | 7135 | Case Number: | 93-4-30-1437-48 |
| Date Received: | 04/30/1993 | Operator: | DAVE |
| Location: | Facility | Nature of Incident: | Other |
| Facility Phone: | Not reported | Facility Type: | Industrial |
| Date of Incident: | 04/30/1993 | Time of Incident: | 13:55 |
| Substance(s): | DIETHYLHYDROXYLAMINE | | |
| Substance Type: | Liquid | Substance Identity: | Known |
| A310 Letter: | Yes | TCPA Chemical: | No |
| Hazrds Material: | Yes | CAS Number: | 3710847 |
| COMU: | 0408 | Ref. Code: | 101 |
| Amnt Released: | 80 GAL | Release VE: | Potential |
| Release Type: | Intermittent | Contained: | Yes |
| Injuries: | No | Facility Evacuation: | No |
| Public Exposure: | No | Public Evacuation: | No |
| Police at Scene: | No | Firemen at Scene: | No |
| Contamination of: | Land | Receiving Water: | Not reported |
| Caller: | | | |
| Name: | SKIP ELLIOTT | Title: | CONRAIL |
| Address: | 27 & SHERMAN ST CAMDEN, NJ | | |
| Telephone: | 609-231-7055 | | |
| Responsible Party: | | | |
| Name: | Known | Company: | ELF AUTOCHEM N.A. |

DETAILED ORPHAN LISTING

| Site | Database(s) | EDR ID Number EPA ID Number |
|---|--|--------------------------------|
| PAVONIA RAIL YARD (Continued) | | S102193547 |
| Contact: Not reported Address: RIVERVIEW, NJ County: MICHIGAN NJ Spill: Name: Not reported Telephone: Not reported Date: Not reported Local Municipality: Name: CAMDEN CITY Telephone: 609-757-7400 Date: 04/30/1993 Other: Name: Not reported Telephone: Not reported Date: Not reported Incident: Name: Not reported Region: BFO-SA Date: 04/30/1993 ITM: B Incident Description: Spill Wind Direction/Speed: Not reported Assistance Requested: No Date A310 Letter Printed: Not reported Date Local Authority Was Notified: Not reported Date Update: Not reported Date Report Faxed to Local Authority: Not reported Local Authority Notification Date 1: Not reported Local Authority Notification Date 2: Not reported Local Authority Notification Date 3: Not reported Status at Spill: SPILL DUE TO LEAKING CONTAINER ON RAIL CAR, CONRAIL HAS CONTRACTOR ENROUTE TO DO CLEANUP. Comments: Not reported | Title: Not reported Telephone: Not reported Title: Not reported Time: Not reported Municipality Title: 759 Time: 14:44 Title: Not reported Time: Not reported Referred To: DRPSR Telephone: Not reported Incident Time: Not reported | |
| NJ Spill: Facility ID: 7135 Date Received: 04/30/1993 Location: Facility Facility Phone: Not reported Date of Incident: 04/30/1993 Substance(s): DIETHYLHYDROXYLAMINE Substance Type: Liquid A310 Letter: Yes Hazrds Material: Yes COMU: 0408 Amnt Released: 80 GAL Release Type: Intermittent Injuries: No Public Exposure: No Police at Scene: No Contamination of: Land Caller: Name: SKIP ELLIOTT Address: 27 & SHERMAN ST CAMDEN, NJ Phone: 609-231-7055 Responsible Party: | Case Number: 93-4-30-1437-48 Operator: DAVE Nature of Incident: Other Facility Type: Industrial Time of Incident: 13:55 Substance Identity: Known TCPA Chemical: No CAS Number: 3710847 Ref. Code: 101 Release VE: Potential Contained: Yes Facility Evacuation: No Public Evacuation: No Firemen at Scene: No Receiving Water: Not reported Title: CONRAIL | |

DETAILED ORPHAN LISTING

| Site | Database(s) | EDR ID Number EPA ID Number |
|--|-----------------------------|--------------------------------|
| PAVONIA RAIL YARD (Continued) | | S102193547 |
| Name: Known | Company: ELF AUTOCHEM N.A. | |
| Contact: Not reported | Title: Not reported | |
| Address: RIVERVIEW, NJ | | |
| County: MICHIGAN | Phone: Not reported | |
| NJ Spill: | | |
| Name: Not reported | Title: Not reported | |
| Phone: Not reported | | |
| Date: Not reported | Time: Not reported | |
| Local Municipality: | | |
| Name: CAMDEN CITY | Title: 759 | |
| Phone: 609-757-7400 | | |
| Date: 04/30/1993 | Time: 14:44 | |
| Other: | | |
| Name: Not reported | Title: Not reported | |
| Phone: Not reported | | |
| Date: Not reported | Time: Not reported | |
| Incident: | | |
| Name: Not reported | Referred To: DRPSR | |
| Region: BFO-SA | Telephone: Not reported | |
| Date: 04/30/1993 | Incident Time: Not reported | |
| ITM: B | | |
| Incident Description: Spill | | |
| Wind Direction/Speed: Not reported | | |
| Assistance Requested: No | | |
| Date A310 Letter Printed: Not reported | | |
| Date Local Authority Was Notified: Not reported | | |
| Date Update: Not reported | | |
| Date Report Faxed to Local Authority: Not reported | | |
| Local Authority Notification Date 1: Not reported | | |
| Local Authority Notification Date 2: Not reported | | |
| Local Authority Notification Date 3: Not reported | | |
| Status at Spill: SPILL DUE TO LEAKING CONTAINER ON RAIL CAR, CONRAIL HAS CONTRACTOR ENROUTE TO DO CLEANUP. | | |
| Comments: Not reported | | |

ONE POLE NORTH 26TH ST ON EAST SIDE WAYNE ST CAMDEN, NJ

NJ Release S102217001
NJ Spills N/A

NJ Release:

Facility ID: 9834
Date Received: 06/26/1995
Location: Other
Facility Phone: Not reported
Date of Incident: 06/26/1995
Substance(s): OIL TRANSFORMER UNK PCB
Substance Type: Liquid
A310 Letter: Yes
Hazrds Material: Yes
COMU: 0408
Amnt Released: 1 QT
Release Type: Terminated
Injuries: No
Public Exposure: No
Police at Scene: No
Contamination of: Land
Caller:
Name: BURDETTE JOHNSON

Case Number: 95-6-26-2216-54
Operator: DIANNE
Nature of Incident: Facility
Facility Type: Residential
Time of Incident: 22:00

Substance Identity: Known
TCPA Chemical: No
CAS Number: Not reported
Ref. Code: 101
Release VE: Estimate
Contained: Yes
Facility Evacuation: No
Public Evacuation: No
Firemen at Scene: No
Receiving Water: Not reported

Title: PSE&G COMPANY

DETAILED ORPHAN LISTING

| Site | Database(s) | EDR ID Number EPA ID Number |
|------|-------------|--------------------------------|
|------|-------------|--------------------------------|

ONE POLE NORTH 26TH ST ON (Continued)

S102217001

| | | |
|---------------------------------------|--|----------------------|
| Address: | 4140 QUAKERBRIDGE RD LAWRENCEVILLE, NJ | |
| Telephone: | 609-896-1073 | |
| Responsible Party: | | |
| Name: | Known | Company: |
| Contact: | BURDETTE JOHNSON | Title: |
| Address: | 4140 QUAKERBRIDGE RD LAWRENCEVILLE, NJ | |
| County: | MERCER | Telephone: |
| NJ Spill: | | |
| Name: | Not reported | Title: |
| Telephone: | Not reported | |
| Date: | Not reported | Time: |
| Local Municipality: | | |
| Name: | CAMDEN CITY | Municipality Title: |
| Telephone: | 609-757-7400 | |
| Date: | 06/26/1995 | Time: |
| Other: | | |
| Name: | Not reported | Title: |
| Telephone: | Not reported | |
| Date: | Not reported | Time: |
| Incident: | | |
| Name: | Not reported | Referred To: |
| Region: | BFO-CAS | Telephone: |
| Date: | 06/26/1995 | Incident Time: |
| ITM: | B | |
| Incident Description: | Spill | |
| Wind Direction/Speed: | Not reported | |
| Assistance Requested: | No | |
| Date A310 Letter Printed: | Not reported | |
| Date Local Authority Was Notified: | Not reported | |
| Date Update: | Not reported | |
| Date Report Faxed to Local Authority: | Not reported | |
| Local Authority Notification Date 1: | Not reported | |
| Local Authority Notification Date 2: | Not reported | |
| Local Authority Notification Date 3: | Not reported | |
| Status at Spill: | SPILL DUE TO LEAKING TRANSFORMER. CLEAN UP BEING COMPLETED BY PSE&G COMPANY. | |
| Comments: | Not reported | |
| NJ Spill: | | |
| Facility ID: | 9834 | Case Number: |
| Date Received: | 06/26/1995 | Operator: |
| Location: | Other | Nature of Incident: |
| Facility Phone: | Not reported | Facility Type: |
| Date of Incident: | 06/26/1995 | Time of Incident: |
| Substance(s): | OIL TRANSFORMER UNK PCB | |
| Substance Type: | Liquid | Substance Identity: |
| A310 Letter: | Yes | TCPA Chemical: |
| Hazrds Material: | Yes | CAS Number: |
| COMU: | 0408 | Ref. Code: |
| Amnt Released: | 1 QT | Release VE: |
| Release Type: | Terminated | Contained: |
| Injuries: | No | Facility Evacuation: |
| Public Exposure: | No | Public Evacuation: |
| Police at Scene: | No | Firemen at Scene: |
| Contamination of: | Land | Receiving Water: |

DETAILED ORPHAN LISTING

| Site | Database(s) | EDR ID Number EPA ID Number |
|------|-------------|--------------------------------|
|------|-------------|--------------------------------|

ONE POLE NORTH 26TH ST ON (Continued)

S102217001

| | | | |
|---------------------------------------|--|----------------|---------------|
| Caller: | | | |
| Name: | BURDETTE JOHNSON | Title: | PSE&G COMPANY |
| Address: | 4140 QUAKERBRIDGE RD LAWRENCEVILLE, NJ | | |
| Phone: | 609-896-1073 | | |
| Responsible Party: | | | |
| Name: | Known | Company: | PSE&G COMPANY |
| Contact: | BURDETTE JOHNSON | Title: | DISPATCHER |
| Address: | 4140 QUAKERBRIDGE RD LAWRENCEVILLE, NJ | | |
| County: | MERCER | Phone: | 609-896-1073 |
| NJ Spill: | | | |
| Name: | Not reported | Title: | Not reported |
| Phone: | Not reported | | |
| Date: | Not reported | Time: | Not reported |
| Local Municipality: | | | |
| Name: | CAMDEN CITY | Title: | SGT. THOMPSON |
| Phone: | 609-757-7400 | | |
| Date: | 06/26/1995 | Time: | 22:21 |
| Other: | | | |
| Name: | Not reported | Title: | Not reported |
| Phone: | Not reported | | |
| Date: | Not reported | Time: | Not reported |
| Incident: | | | |
| Name: | Not reported | Referred To: | DRPSR |
| Region: | BFO-CAS | Telephone: | Faxed, Mailed |
| Date: | 06/26/1995 | Incident Time: | Not reported |
| ITM: | B | | |
| Incident Description: | Spill | | |
| Wind Direction/Speed: | Not reported | | |
| Assistance Requested: | No | | |
| Date A310 Letter Printed: | Not reported | | |
| Date Local Authority Was Notified: | Not reported | | |
| Date Update: | Not reported | | |
| Date Report Faxed to Local Authority: | Not reported | | |
| Local Authority Notification Date 1: | Not reported | | |
| Local Authority Notification Date 2: | Not reported | | |
| Local Authority Notification Date 3: | Not reported | | |
| Status at Spill: | SPILL DUE TO LEAKING TRANSFORMER. CLEAN UP BEING COMPLETED BY PSE&G COMPANY. | | |
| Comments: | Not reported | | |

P.S.E. & G. CAMDEN GAS PLANT
2ND + SPRUCE ST
CAMDEN, NJ

NJ Release S102199906
NJ Spills N/A

NJ Release:

Facility ID: 20073
 Date Received: 11/29/1993
 Location: Facility
 Facility Phone: 609-573-2062
 Date of Incident: 11/29/1993
 Substance(s): OIL WASTE
 Substance Type: Liquid
 A310 Letter: No
 Hazrds Material: Yes
 COMU: 0408
 Amnt Released: 4-5 GAL

Case Number: 93-11-29-0939-26
 Operator: JOYCE
 Nature of Incident: Facility
 Facility Type: Industrial
 Time of Incident: 09:10
 Substance Identity: Known
 TCPA Chemical: No
 CAS Number: Not reported
 Ref. Code: 101
 Release VE: Estimate

DETAILED ORPHAN LISTING

| Site | Database(s) | EDR ID Number EPA ID Number |
|------|-------------|--------------------------------|
|------|-------------|--------------------------------|

P.S.E. & G. CAMDEN GAS PLANT (Continued)

S102199906

| | | | |
|-------------------|------------|----------------------|--------------|
| Release Type: | Terminated | Contained: | Yes |
| Injuries: | No | Facility Evacuation: | No |
| Public Exposure: | No | Public Evacuation: | No |
| Police at Scene: | No | Firemen at Scene: | No |
| Contamination of: | Land | Receiving Water: | Not reported |

Caller:

Name: CLYDE BADD
Address: 2000 FRANK E. ROGERS
HARRISON, NJ
Telephone: 609-573-2062

Title: P.S.E. & G.

Responsible Party:

Name: Known
Contact: CLYDE BADD
Address: 2000 FRANK E. ROGERS
HARRISON, NJ

Company: P.S.E. & G.
Title: PLANT SUPV.

County: Not reported

Telephone: 609-573-2062

NJ Spill:

Name: Not reported
Telephone: Not reported
Date: Not reported

Title: Not reported

Time: Not reported

Local Municipality:

Name: CAMDEN CITY
Telephone: 609-757-7400
Date: 11/29/1993

Municipality Title: Not reported

Time: Not reported

Other:

Name: Not reported
Telephone: Not reported
Date: Not reported

Title: Not reported

Time: Not reported

Incident:

Name: Not reported
Region: BFO-SA
Date: 11/29/1993
ITM: B

Referred To: DRPSR
Telephone: Faxed, Mailed
Incident Time: Not reported

Incident Description:

Spill

Wind Direction/Speed: Not reported

Assistance Requested: No

Date A310 Letter Printed: Not reported

Date Local Authority Was Notified: Not reported

Date Update: Not reported

Date Report Faxed to Local Authority: Not reported

Local Authority Notification Date 1: Not reported

Local Authority Notification Date 2: Not reported

Local Authority Notification Date 3: Not reported

Status at Spill: THIS IS A DRILL-----LEAKING 55 GAL DRUM, CLEANUP COMPLETED. DRUM ROLL USED TO SEAL DRUM AND DRUM WAS PUT INTO OVERPACK-----THIS IS A DRILL

Comments: -----THIS IS A DRILL-----

NJ Spill:

Facility ID: 20073
Date Received: 11/29/1993
Location: Facility
Facility Phone: 609-573-2062
Date of Incident: 11/29/1993
Substance(s): OIL WASTE
Substance Type: Liquid

Case Number: 93-11-29-0939-26
Operator: JOYCE
Nature of Incident: Facility
Facility Type: Industrial
Time of Incident: 09:10

Substance Identity: Known

DETAILED ORPHAN LISTING

| Site | Database(s) | EDR ID Number EPA ID Number |
|------|-------------|--------------------------------|
|------|-------------|--------------------------------|

P.S.E. & G. CAMDEN GAS PLANT (Continued)

S102199906

| | | | |
|---------------------|--------------------------------------|----------------------|---------------|
| A310 Letter: | No | TCPA Chemical: | No |
| Hazrds Material: | Yes | CAS Number: | Not reported |
| COMU: | 0408 | Ref. Code: | 101 |
| Amnt Released: | 4-5 GAL | Release VE: | Estimate |
| Release Type: | Terminated | Contained: | Yes |
| Injuries: | No | Facility Evacuation: | No |
| Public Exposure: | No | Public Evacuation: | No |
| Police at Scene: | No | Firemen at Scene: | No |
| Contamination of: | Land | Receiving Water: | Not reported |
| Caller: | | | |
| Name: | CLYDE BADD | Title: | P.S.E. & G. |
| Address: | 2000 FRANK E. ROGERS HARRISON, NJ | | |
| Phone: | 609-573-2062 | | |
| Responsible Party: | | Company: | P.S.E. & G. |
| Name: | Known | Title: | PLANT SUPV. |
| Contact: | CLYDE BADD | | |
| Address: | 2000 FRANK E. ROGERS HARRISON, NJ | | |
| County: | Not reported | Phone: | 609-573-2062 |
| NJ Spill: | | Title: | Not reported |
| Name: | Not reported | | |
| Phone: | Not reported | Time: | Not reported |
| Date: | Not reported | | |
| Local Municipality: | | Title: | Not reported |
| Name: | CAMDEN CITY | Time: | Not reported |
| Phone: | 609-757-7400 | | |
| Date: | 11/29/1993 | Title: | Not reported |
| Other: | | Time: | Not reported |
| Name: | Not reported | | |
| Phone: | Not reported | Title: | Not reported |
| Date: | Not reported | Time: | Not reported |
| Incident: | | Referred To: | DRPSR |
| Name: | Not reported | Telephone: | Faxed, Mailed |
| Region: | BFO-SA | Incident Time: | Not reported |
| Date: | 11/29/1993 | | |
| ITM: | B | | |

| | |
|---------------------------------------|--|
| Incident Description: | Spill |
| Wind Direction/Speed: | Not reported |
| Assistance Requested: | No |
| Date A310 Letter Printed: | Not reported |
| Date Local Authority Was Notified: | Not reported |
| Date Update: | Not reported |
| Date Report Faxed to Local Authority: | Not reported |
| Local Authority Notification Date 1: | Not reported |
| Local Authority Notification Date 2: | Not reported |
| Local Authority Notification Date 3: | Not reported |
| Status at Spill: | THIS IS A DRILL-----LEAKING 55 GAL DRUM, CLEANUP COMPLETED. DRUM ROLL USED TO SEAL DRUM AND DRUM WAS PUT INTO OVERPACK-----THIS IS A DRILL |
| Comments: | -----THIS IS A DRILL----- |

DETAILED ORPHAN LISTING

| Site | Database(s) | EDR ID Number EPA ID Number |
|---|---------------------------------------|---------------------------------|
| DECORATED PAPER CO 925 8TH ST CAMDEN, NJ | NJ Release NJ Spills | S102190558 N/A |
| NJ Release: | | |
| Facility ID: 1022 | Case Number: 93-1-21-1714-28 | |
| Date Received: 01/21/1993 | Operator: JOYCE | |
| Location: Facility | Nature of Incident: Facility | |
| Facility Phone: 609-365-4200 | Facility Type: Industrial | |
| Date of Incident: 01/21/1993 | Time of Incident: 16:00 | |
| Substance(s): WASTE INKS | | |
| NITROCELLULOSE | | |
| Substance Type: Gas | Substance Identity: Known | |
| A310 Letter: Yes | TCPA Chemical: No | |
| Hazrds Material: Yes | CAS Number: 9004700 | |
| COMU: 0408 | Ref. Code: 002 | |
| Amnt Released: 3 LBS | Release VE: Estimate | |
| Release Type: Terminated | Contained: No | |
| Injuries: No | Facility Evacuation: No | |
| Public Exposure: Yes | Public Evacuation: No | |
| Police at Scene: Yes | Firemen at Scene: Yes | |
| Contamination of: Air, Land | Receiving Water: Not reported | |
| Caller: | | |
| Name: TERRANCE KELLY | Title: DECORATED PAPER CO | |
| Address: 925 8TH ST | | |
| CAMDEN, NJ | | |
| Telephone: 609-365-4200 | | |
| Responsible Party: | | |
| Name: Known | Company: DECORATED PAPER CO | |
| Contact: TERRANCE KELLY | Title: OWNER | |
| Address: 925 8TH ST | | |
| CAMDEN, NJ | | |
| County: CAMDEN | Telephone: 609-365-4200 | |
| NJ Spill: | | |
| Name: OEM | Title: TR. TROUT | |
| Telephone: 609-882-2000 | | |
| Date: 01/21/1993 | Time: 17:25 | |
| Local Municipality: | | |
| Name: CAMDEN CITY | Municipality Title: DISP #726 | |
| Telephone: 609-757-7400 | | |
| Date: 01/21/1993 | Time: 17:22 | |
| Other: | | |
| Name: Not reported | Title: Not reported | |
| Telephone: Not reported | | |
| Date: Not reported | Time: Not reported | |
| Incident: | | |
| Name: R. SCHRADER | Referred To: DRPSR | |
| Region: ER2 | Telephone: Paged, Faxed | |
| Date: 01/21/1993 | Incident Time: 17:31 | |
| ITM: B | | |
| Incident Description: | Air Release | |
| Wind Direction/Speed: | Not reported | |
| Assistance Requested: | No | |
| Date A310 Letter Printed: | Not reported | |
| Date Local Authority Was Notified: | Not reported | |
| Date Update: | Not reported | |
| Date Report Faxed to Local Authority: | Not reported | |
| Local Authority Notification Date 1: | Not reported | |
| Local Authority Notification Date 2: | Not reported | |

DETAILED ORPHAN LISTING

| Site | Database(s) | EDR ID Number EPA ID Number |
|------|-------------|--------------------------------|
|------|-------------|--------------------------------|

DECORATED PAPER CO (Continued)

S102190558

Local Authority Notification Date 3: Not reported
 Status at Spill: LOW HEAT REACTION WITH SLIGHT PREASSURE BUILDUP INSIDE DISTILLING VESSEL, CAUSED RELEASE THROUGH PREASSURE VALVE OUTSIDE. RELEASE TERMINATED 1615HRS.
 Comments: Not reported

NJ Spill:

| | | | |
|-------------------|------------------------------|---------------------|-----------------|
| Facility ID: | 1022 | Case Number: | 93-1-21-1714-28 |
| Date Received: | 01/21/1993 | Operator: | JOYCE |
| Location: | Facility | Nature of Incident: | Facility |
| Facility Phone: | 609-365-4200 | Facility Type: | Industrial |
| Date of Incident: | 01/21/1993 | Time of Incident: | 16:00 |
| Substance(s): | WASTE INKS NITROCELLULOSE | | |

| | | | |
|-------------------|------------|----------------------|--------------|
| Substance Type: | Gas | Substance Identity: | Known |
| A310 Letter: | Yes | TCPA Chemical: | No |
| Hazrds Material: | Yes | CAS Number: | 9004700 |
| COMU: | 0408 | Ref. Code: | 002 |
| Amnt Released: | 3 LBS | Release VE: | Estimate |
| Release Type: | Terminated | Contained: | No |
| Injuries: | No | Facility Evacuation: | No |
| Public Exposure: | Yes | Public Evacuation: | No |
| Police at Scene: | Yes | Firemen at Scene: | Yes |
| Contamination of: | Air, Land | Receiving Water: | Not reported |

Caller:

Name: TERRANCE KELLY
 Address: 925 8TH ST
 CAMDEN, NJ
 Phone: 609-365-4200

Title: DECORATED PAPER CO

Responsible Party:

Name: Known
 Contact: TERRANCE KELLY
 Address: 925 8TH ST
 CAMDEN, NJ
 County: CAMDEN

Company: DECORATED PAPER CO
 Title: OWNER

Phone: 609-365-4200

NJ Spill:

Name: OEM
 Phone: 609-882-2000
 Date: 01/21/1993

Title: TR. TROUT

Time: 17:25

Local Municipality:

Name: CAMDEN CITY
 Phone: 609-757-7400
 Date: 01/21/1993

Title: DISP #726

Time: 17:22

Other:

Name: Not reported
 Phone: Not reported
 Date: Not reported

Title: Not reported

Time: Not reported

Incident:

Name: R. SCHRADER
 Region: ER2
 Date: 01/21/1993
 ITM: B

Referred To: DRPSR
 Telephone: Paged, Faxed
 Incident Time: 17:31

Incident Description: Air Release
 Wind Direction/Speed: Not reported
 Assistance Requested: No
 Date A310 Letter Printed: Not reported
 Date Local Authority Was Notified: Not reported

DETAILED ORPHAN LISTING

| Site | Database(s) | EDR ID Number EPA ID Number |
|------|-------------|--------------------------------|
|------|-------------|--------------------------------|

DECORATED PAPER CO (Continued)

S102190558

Date Update: Not reported
 Date Report Faxed to Local Authority: Not reported
 Local Authority Notification Date 1: Not reported
 Local Authority Notification Date 2: Not reported
 Local Authority Notification Date 3: Not reported
 Status at Spill: LOW HEAT REACTION WITH SLIGHT PREASSURE BUILDUP INSIDE DISTILLING VESSEL, CAUSED RELEASE THROUGH PREASSURE VALVE OUTSIDE. RELEASE TERMINATED 1615HRS.
 Comments: Not reported

RECYCLE PLACE ON
 450 37TH ST
 CAMDEN, NJ

NJ Release
 NJ Spills

S102191324
 N/A

NJ Release:

Facility ID: 2637
 Date Received: 02/22/1993
 Location: Facility
 Facility Phone: Not reported
 Date of Incident: 02/22/1993
 Substance(s): UNKNOWN LIQUID
 Substance Type: Liquid
 A310 Letter: No
 Hazrds Material: Unknown
 COMU: 0427
 Amnt Released: UNK
 Release Type: Continuous
 Injuries: No
 Public Exposure: Yes
 Police at Scene: Yes
 Contamination of: Land,Water
 Caller:

Name: MARYANN KLOTZ
 Address: Not reported
 Telephone: 609-663-1234

Responsible Party:

Name: UnKnown
 Contact: Not reported
 Address: Not reported
 County: Not reported

NJ Spill:

Name: Not reported
 Telephone: Not reported
 Date: Not reported

Local Municipality:

Name: Not reported
 Telephone: Not reported
 Date: Not reported

Other:

Name: Not reported
 Telephone: Not reported
 Date: Not reported

Incident:

Name: B WINTERBURN
 Region: ER2
 Date: 02/22/1993
 ITM: B
 Name: Not reported

Case Number: 93-2-22-1255-00
 Operator: RICH
 Nature of Incident: Municipal
 Facility Type: Industrial
 Time of Incident: 12:20

Substance Identity: Known
 TCPA Chemical: Unknown
 CAS Number: Not reported
 Ref. Code: 002
 Release VE: Not reported
 Contained: No
 Facility Evacuation: No
 Public Evacuation: No
 Firemen at Scene: No
 Receiving Water: DELAWARE RIVER

Title: PENNSAUKEN PD

Company: Not reported
 Title: Not reported

Telephone: Not reported

Title: Not reported

Time: Not reported

Municipality Title: Not reported

Time: Not reported

Title: Not reported

Time: Not reported

Referred To: DRPSR
 Telephone: Office
 Incident Time: 13:00

Referred To: OEP

DETAILED ORPHAN LISTING

| Site | Database(s) | | EDR ID Number |
|---------------------------------------|---|----------------------|-----------------|
| | | | EPA ID Number |
| RECYCLE PLACE ON (Continued) | | | S102191324 |
| Region: | Monitoring | Telephone: | Faxed |
| Date: | 02/22/1993 | Incident Time: | Not reported |
| ITM: | T | | |
| Name: | Not reported | Referred To: | DFG |
| Region: | HQ1 | Telephone: | Faxed |
| Date: | 02/22/1993 | Incident Time: | Not reported |
| ITM: | T | | |
| Incident Description: | Spill | | |
| Wind Direction/Speed: | Not reported | | |
| Assistance Requested: | Yes | | |
| Date A310 Letter Printed: | Not reported | | |
| Date Local Authority Was Notified: | Not reported | | |
| Date Update: | Not reported | | |
| Date Report Faxed to Local Authority: | Not reported | | |
| Local Authority Notification Date 1: | Not reported | | |
| Local Authority Notification Date 2: | Not reported | | |
| Local Authority Notification Date 3: | Not reported | | |
| Status at Spill: | LARGE CONTAINER AT FACILITY LEAKING LARGE AMOUNT PCB MATERIAL RUNNING DOWN STREET TOWARD RIVER. | | |
| Comments: | Not reported | | |
| NJ Spill: | | | |
| Facility ID: | 2637 | Case Number: | 93-2-22-1255-00 |
| Date Received: | 02/22/1993 | Operator: | RICH |
| Location: | Facility | Nature of Incident: | Municipal |
| Facility Phone: | Not reported | Facility Type: | Industrial |
| Date of Incident: | 02/22/1993 | Time of Incident: | 12:20 |
| Substance(s): | UNKNOWN LIQUID | | |
| Substance Type: | Liquid | Substance Identity: | Known |
| A310 Letter: | No | TCPA Chemical: | Unknown |
| Hazrds Material: | Unknown | CAS Number: | Not reported |
| COMU: | 0427 | Ref. Code: | 002 |
| Amnt Released: | UNK | Release VE: | Not reported |
| Release Type: | Continuous | Contained: | No |
| Injuries: | No | Facility Evacuation: | No |
| Public Exposure: | Yes | Public Evacuation: | No |
| Police at Scene: | Yes | Firemen at Scene: | No |
| Contamination of: | Land,Water | Receiving Water: | DELAWARE RIVER |
| Caller: | | | |
| Name: | MARYANN KLOTZ | Title: | PENNSAUKEN PD |
| Address: | Not reported | | |
| Phone: | 609-663-1234 | | |
| Responsible Party: | | | |
| Name: | UnKnown | Company: | Not reported |
| Contact: | Not reported | Title: | Not reported |
| Address: | Not reported | | |
| County: | Not reported | Phone: | Not reported |
| NJ Spill: | | | |
| Name: | Not reported | Title: | Not reported |
| Phone: | Not reported | | |
| Date: | Not reported | Time: | Not reported |
| Local Municipality: | | | |
| Name: | Not reported | Title: | Not reported |
| Phone: | Not reported | | |
| Date: | Not reported | Time: | Not reported |
| Other: | | | |
| Name: | Not reported | Title: | Not reported |

DETAILED ORPHAN LISTING

| Site | Database(s) | EDR ID Number EPA ID Number |
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RECYCLE PLACE ON (Continued)

S102191324

| | | | |
|-----------|--------------|----------------|--------------|
| Phone: | Not reported | Time: | Not reported |
| Date: | Not reported | | |
| Incident: | | | |
| Name: | B WINTERBURN | Referred To: | DRPSR |
| Region: | ER2 | Telephone: | Office |
| Date: | 02/22/1993 | Incident Time: | 13:00 |
| ITM: | B | | |
| Name: | Not reported | Referred To: | OEP |
| Region: | Monitoring | Telephone: | Not reported |
| Date: | 02/22/1993 | Incident Time: | Not reported |
| ITM: | T | | |
| Name: | Not reported | Referred To: | OEP |
| Region: | HQ1 | Telephone: | Faxed |
| Date: | 02/22/1993 | Incident Time: | Not reported |
| ITM: | T | | |

Incident Description: Spill
 Wind Direction/Speed: Not reported
 Assistance Requested: Yes
 Date A310 Letter Printed: Not reported
 Date Local Authority Was Notified: Not reported
 Date Update: Not reported
 Date Report Faxed to Local Authority: Not reported
 Local Authority Notification Date 1: Not reported
 Local Authority Notification Date 2: Not reported
 Local Authority Notification Date 3: Not reported
 Status at Spill: LARGE CONTAINER AT FACILITY LEAKING LARGE AMOUNT PCB MATERIAL RUNNING DOWN STREET TOWARD RIVER.
 Comments: Not reported

COLLEGE CAMPUS 4TH ST-LAWRENCE ST CAMDEN, NJ

NJ Release S102205575
 NJ Spills N/A

NJ Release:

| | | | |
|--------------------|--------------------------|----------------------|----------------|
| Facility ID: | 9866 | Case Number: | 94-6-7-1608-17 |
| Date Received: | 06/07/1994 | Operator: | DIANNE |
| Location: | Facility | Nature of Incident: | Facility |
| Facility Phone: | 609-338-9652 | Facility Type: | Commercial |
| Date of Incident: | 06/07/1994 | Time of Incident: | 15:00 |
| Substance(s): | OIL FUEL | | |
| Substance Type: | Liquid | Substance Identity: | Known |
| A310 Letter: | Yes | TCPA Chemical: | No |
| Hazrds Material: | Yes | CAS Number: | Not reported |
| COMU: | 0408 | Ref. Code: | 101 |
| Amnt Released: | 10-15 GAL | Release VE: | Estimate |
| Release Type: | Terminated | Contained: | Yes |
| Injuries: | No | Facility Evacuation: | No |
| Public Exposure: | No | Public Evacuation: | No |
| Police at Scene: | No | Firemen at Scene: | No |
| Contamination of: | Land | Receiving Water: | Not reported |
| Caller: | | | |
| Name: | BOB ADRAMO | Title: | RUTGERS UNIV |
| Address: | PO BOX 699 CAMDEN, NJ | | |
| Telephone: | 609-338-9652 | | |
| Responsible Party: | | | |
| Name: | Known | Company: | COLLEGE CAMPUS |
| Contact: | BOB ADRAMO | Title: | FIELD OPR. |

DETAILED ORPHAN LISTING

| Site | Database(s) | EDR ID Number EPA ID Number |
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COLLEGE CAMPUS (Continued)

S102205575

| | | | |
|---------------------------------------|--|---------------------|--------------|
| Address: | 4TH ST-LAWRENCE ST CAMDEN, NJ | Telephone: | 609-338-9652 |
| County: | CAMDEN | Title: | Not reported |
| NJ Spill: | | Time: | Not reported |
| Name: | Not reported | Municipality Title: | OPR. #702 |
| Telephone: | Not reported | Time: | 16:46 |
| Date: | Not reported | Title: | Not reported |
| Local Municipality: | | Time: | Not reported |
| Name: | CAMDEN CITY | Referred To: | DRPSR |
| Telephone: | 609-757-7400 | Telephone: | Faxed,Mailed |
| Date: | 06/07/1994 | Incident Time: | Not reported |
| Other: | | | |
| Name: | Not reported | | |
| Telephone: | Not reported | | |
| Date: | Not reported | | |
| Incident: | | | |
| Name: | Not reported | | |
| Region: | BFO-CAS | | |
| Date: | 06/07/1994 | | |
| ITM: | B | | |
| Incident Description: | Spill | | |
| Wind Direction/Speed: | Not reported | | |
| Assistance Requested: | No | | |
| Date A310 Letter Printed: | 06/07/1994 | | |
| Date Local Authority Was Notified: | Not reported | | |
| Date Update: | Not reported | | |
| Date Report Faxed to Local Authority: | 06/07/1994 | | |
| Local Authority Notification Date 1: | Not reported | | |
| Local Authority Notification Date 2: | Not reported | | |
| Local Authority Notification Date 3: | Not reported | | |
| Status at Spill: | UST TANK REMOVED, ROLLED DUE TO THE RAIN. LEAKED, CLEAN UP DONE BY ABC TANK. UST#0092054 | | |
| Comments: | Not reported | | |

| | | | |
|--------------------|--------------------------|----------------------|----------------|
| NJ Spill: | | Case Number: | 94-6-7-1608-17 |
| Facility ID: | 9866 | Operator: | DIANNE |
| Date Received: | 06/07/1994 | Nature of Incident: | Facility |
| Location: | Facility | Facility Type: | Commercial |
| Facility Phone: | 609-338-9652 | Time of Incident: | 15:00 |
| Date of Incident: | 06/07/1994 | Substance Identity: | Known |
| Substance(s): | OIL FUEL | TCPA Chemical: | No |
| Substance Type: | Liquid | CAS Number: | Not reported |
| A310 Letter: | Yes | Ref. Code: | 101 |
| Hazrds Material: | Yes | Release VE: | Estimate |
| COMU: | 0408 | Contained: | Yes |
| Amnt Released: | 10-15 GAL | Facility Evacuation: | No |
| Release Type: | Terminated | Public Evacuation: | No |
| Injuries: | No | Firemen at Scene: | No |
| Public Exposure: | No | Receiving Water: | Not reported |
| Police at Scene: | No | | |
| Contamination of: | Land | | |
| Caller: | | | |
| Name: | BOB ADRAMO | Title: | RUTGERS UNIV |
| Address: | PO BOX 699 CAMDEN, NJ | | |
| Phone: | 609-338-9652 | | |
| Responsible Party: | | | |

DETAILED ORPHAN LISTING

| Site | Database(s) | EDR ID Number EPA ID Number |
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COLLEGE CAMPUS (Continued)

S102205575

| | | | |
|---------------------------------------|--|----------------|----------------|
| Name: | Known | Company: | COLLEGE CAMPUS |
| Contact: | BOB ADRAMO | Title: | FIELD OPR. |
| Address: | 4TH ST-LAWRENCE ST CAMDEN, NJ | | |
| County: | CAMDEN | Phone: | 609-338-9652 |
| NJ Spill: | | | |
| Name: | Not reported | Title: | Not reported |
| Phone: | Not reported | | |
| Date: | Not reported | Time: | Not reported |
| Local Municipality: | | | |
| Name: | CAMDEN CITY | Title: | OPR. #702 |
| Phone: | 609-757-7400 | | |
| Date: | 06/07/1994 | Time: | 16:46 |
| Other: | | | |
| Name: | Not reported | Title: | Not reported |
| Phone: | Not reported | | |
| Date: | Not reported | Time: | Not reported |
| Incident: | | | |
| Name: | Not reported | Referred To: | DRPSR |
| Region: | BFO-CAS | Telephone: | Faxed,Mailed |
| Date: | 06/07/1994 | Incident Time: | Not reported |
| ITM: | B | | |
| Incident Description: | Spill | | |
| Wind Direction/Speed: | Not reported | | |
| Assistance Requested: | No | | |
| Date A310 Letter Printed: | 06/07/1994 | | |
| Date Local Authority Was Notified: | Not reported | | |
| Date Update: | Not reported | | |
| Date Report Faxed to Local Authority: | 06/07/1994 | | |
| Local Authority Notification Date 1: | Not reported | | |
| Local Authority Notification Date 2: | Not reported | | |
| Local Authority Notification Date 3: | Not reported | | |
| Status at Spill: | UST TANK REMOVED, ROLLED DUE TO THE RAIN. LEAKED, CLEAN UP DONE BY ABC TANK. UST#0092054 | | |
| Comments: | Not reported | | |

AT INTERSECTION OF 10 TH ST/MULFORD RD CAMDEN, NJ

NJ Release S102217987
NJ Spills N/A

NJ Release:

| | | | |
|-------------------|---------------|----------------------|-----------------|
| Facility ID: | 11677 | Case Number: | 95-7-26-1246-31 |
| Date Received: | 07/26/1995 | Operator: | JULIE1 |
| Location: | Other | Nature of Incident: | Facility |
| Facility Phone: | Not reported | Facility Type: | Residential |
| Date of Incident: | 07/26/1995 | Time of Incident: | 12:15 |
| Substance(s): | OIL HYDRAULIC | | |
| Substance Type: | Liquid | Substance Identity: | Known |
| A310 Letter: | Yes | TCPA Chemical: | No |
| Hazrds Material: | Yes | CAS Number: | Not reported |
| COMU: | 0408 | Ref. Code: | 101 |
| Amnt Released: | 2 QRTS | Release VE: | Estimate |
| Release Type: | Terminated | Contained: | Yes |
| Injuries: | No | Facility Evacuation: | No |
| Public Exposure: | No | Public Evacuation: | No |
| Police at Scene: | No | Firemen at Scene: | No |
| Contamination of: | Land | Receiving Water: | NONE |
| Caller: | | | |

DETAILED ORPHAN LISTING

| Site | Database(s) | EDR ID Number EPA ID Number |
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AT INTERSECTION OF (Continued)

S102217987

| | | | |
|---------------------------------------|--|---------------------|--------------|
| Name: | GARY WATSON | Title: | PSE&G |
| Address: | 300 NEW ALBANY RD MORRISTOWN, NJ | | |
| Telephone: | 609-778-6721 | | |
| Responsible Party: | | | |
| Name: | Known | Company: | PSE&G |
| Contact: | GARY WATSON | Title: | OPR SUPER |
| Address: | 300 NEW ALBANY RD MORRISTOWN, NJ | | |
| County: | Not reported | Telephone: | 609-778-6721 |
| NJ Spill: | | | |
| Name: | Not reported | Title: | Not reported |
| Telephone: | Not reported | | |
| Date: | Not reported | Time: | Not reported |
| Local Municipality: | | | |
| Name: | CAMDEN CITY | Municipality Title: | OPR 98 |
| Telephone: | 609-757-7400 | | |
| Date: | 07/26/1995 | Time: | 12:48 |
| Other: | | | |
| Name: | Not reported | Title: | Not reported |
| Telephone: | Not reported | | |
| Date: | Not reported | Time: | Not reported |
| Incident: | | | |
| Name: | Not reported | Referred To: | DRPSR |
| Region: | BFO-CAS | Telephone: | Faxed,Mailed |
| Date: | 07/26/1995 | Incident Time: | Not reported |
| ITM: | B | | |
| Incident Description: | Spill | | |
| Wind Direction/Speed: | Not reported | | |
| Assistance Requested: | No | | |
| Date A310 Letter Printed: | Not reported | | |
| Date Local Authority Was Notified: | Not reported | | |
| Date Update: | Not reported | | |
| Date Report Faxed to Local Authority: | Not reported | | |
| Local Authority Notification Date 1: | Not reported | | |
| Local Authority Notification Date 2: | Not reported | | |
| Local Authority Notification Date 3: | Not reported | | |
| Status at Spill: | SPILL FROM A MOTOR VEHICLE.CLEAN UP BEING DONE | | |
| Comments: | CHART D | | |

NJ Spill:

| | | | |
|-------------------|---------------|----------------------|-----------------|
| Facility ID: | 11677 | Case Number: | 95-7-26-1246-31 |
| Date Received: | 07/26/1995 | Operator: | JULIE1 |
| Location: | Other | Nature of Incident: | Facility |
| Facility Phone: | Not reported | Facility Type: | Residential |
| Date of Incident: | 07/26/1995 | Time of Incident: | 12:15 |
| Substance(s): | OIL HYDRAULIC | | |
| Substance Type: | Liquid | Substance Identity: | Known |
| A310 Letter: | Yes | TCPA Chemical: | No |
| Hazrds Material: | Yes | CAS Number: | Not reported |
| COMU: | 0408 | Ref. Code: | 101 |
| Amnt Released: | 2 QRTS | Release VE: | Estimate |
| Release Type: | Terminated | Contained: | Yes |
| Injuries: | No | Facility Evacuation: | No |
| Public Exposure: | No | Public Evacuation: | No |
| Police at Scene: | No | Firemen at Scene: | No |
| Contamination of: | Land | Receiving Water: | NONE |

DETAILED ORPHAN LISTING

| Site | Database(s) | EDR ID Number EPA ID Number |
|------|-------------|--------------------------------|
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AT INTERSECTION OF (Continued)

S102217987

| | | | |
|---------------------------------------|--|----------------|--------------|
| Caller: | | | |
| Name: | GARY WATSON | Title: | PSE&G |
| Address: | 300 NEW ALBANY RD MORRISTOWN, NJ | | |
| Phone: | 609-778-6721 | | |
| Responsible Party: | | | |
| Name: | Known | Company: | PSE&G |
| Contact: | GARY WATSON | Title: | OPR SUPER |
| Address: | 300 NEW ALBANY RD MORRISTOWN, NJ | | |
| County: | Not reported | Phone: | 609-778-6721 |
| NJ Spill: | | | |
| Name: | Not reported | Title: | Not reported |
| Phone: | Not reported | | |
| Date: | Not reported | Time: | Not reported |
| Local Municipality: | | | |
| Name: | CAMDEN CITY | Title: | OPR 98 |
| Phone: | 609-757-7400 | | |
| Date: | 07/26/1995 | Time: | 12:48 |
| Other: | | | |
| Name: | Not reported | Title: | Not reported |
| Phone: | Not reported | | |
| Date: | Not reported | Time: | Not reported |
| Incident: | | | |
| Name: | Not reported | Referred To: | DRPSR |
| Region: | BFO-CAS | Telephone: | Faxed,Mailed |
| Date: | 07/26/1995 | Incident Time: | Not reported |
| ITM: | B | | |
| Incident Description: | Spill | | |
| Wind Direction/Speed: | Not reported | | |
| Assistance Requested: | No | | |
| Date A310 Letter Printed: | Not reported | | |
| Date Local Authority Was Notified: | Not reported | | |
| Date Update: | Not reported | | |
| Date Report Faxed to Local Authority: | Not reported | | |
| Local Authority Notification Date 1: | Not reported | | |
| Local Authority Notification Date 2: | Not reported | | |
| Local Authority Notification Date 3: | Not reported | | |
| Status at Spill: | SPILL FROM A MOTOR VEHICLE.CLEAN UP BEING DONE | | |
| Comments: | CHART D | | |

CONRAIL PROPERTY (FORMER)
STATE ST SE
CAMDEN, NJ

SHWS

S103029739
N/A

SHWS:

| | | | |
|------------------|--------------|--------------|--------------|
| Facility ID: | NJL800184996 | Case ID: | 951114144821 |
| Case Status: | ACTIVE | Status Date: | 01/09/1997 |
| Contact: | BFO-S | | |
| Facility Status: | OPEN | | |
| CEA/DER: | Not reported | | |

DETAILED ORPHAN LISTING

| Site | Database(s) | EDR ID Number EPA ID Number |
|--|--|--------------------------------|
| CONSOLIDATED CHEMX 4TH+JEFFERSON STS CAMDEN, NJ | NJ Release NJ Spills | S102209738 N/A |
| NJ Release: Facility ID: 18439 Date Received: 10/13/1994 Location: Facility Facility Phone: Not reported Date of Incident: 10/13/1994 Substance(s): UNKNOWN LIQUID Substance Type: Liquid A310 Letter: No Hazrds Material: Unknown COMU: 0408 Amnt Released: UNK Release Type: Continuous Injuries: No Public Exposure: No Police at Scene: No Contamination of: Land Caller: Name: DET.CHAS CAHILLY Address: CAMDEN, NJ Telephone: 609-757-7429 Responsible Party: Name: Known Contact: N/A Address: 4TH+JEFFERSON STS CAMDEN 08102, NJ County: CAMDEN NJ Spill: Name: Not reported Telephone: Not reported Date: Not reported Local Municipality: Name: Not reported Telephone: Not reported Date: Not reported Other: Name: Not reported Telephone: Not reported Date: Not reported Incident: Name: FURMAN STOOP Region: ER2 Date: 10/13/1994 ITM: B Incident Description: Spill Wind Direction/Speed: Not reported Assistance Requested: Yes Date A310 Letter Printed: Not reported Date Local Authority Was Notified: Not reported Date Update: Not reported Date Report Faxed to Local Authority: Not reported Local Authority Notification Date 1: Not reported Local Authority Notification Date 2: Not reported Local Authority Notification Date 3: Not reported | Case Number: 94-10-13-1450-21 Operator: JOYCE Nature of Incident: Municipal Facility Type: Industrial Time of Incident: ONGO Substance Identity: Unknown TCPA Chemical: Unknown CAS Number: Not reported Ref. Code: 002 Release VE: Not reported Contained: No Facility Evacuation: No Public Evacuation: No Firemen at Scene: No Receiving Water: Not reported Title: CAMDEN PD/ARSON SQ Company: CONSOLIDATED CHEMX Title: Not reported Telephone: N/A Title: Not reported Time: Not reported Municipality Title: Not reported Time: Not reported Title: Not reported Time: Not reported Referred To: DRPSR Telephone: Office, Faxed Incident Time: 14:56 | |

DETAILED ORPHAN LISTING

| | | |
|------|-------------|--------------------------------|
| Site | Database(s) | EDR ID Number EPA ID Number |
|------|-------------|--------------------------------|

CONSOLIDATED CHEMX (Continued)

S102209738

Status at Spill: DRUMS ON PROPERTY SUSPECTED TO BE LEAKING. FACILITY IN THE PROCESS OF CLOSING UP. ASSISTANCE REQUESTED.

Comments: Not reported

NJ Spill:

Facility ID: 18439
Date Received: 10/13/1994
Location: Facility
Facility Phone: Not reported
Date of Incident: 10/13/1994
Substance(s): UNKNOWN LIQUID
Substance Type: Liquid
A310 Letter: No
Hazrds Material: Unknown
COMU: 0408
Amnt Released: UNK
Release Type: Continuous
Injuries: No
Public Exposure: No
Police at Scene: No
Contamination of: Land

Case Number: 94-10-13-1450-21
Operator: JOYCE
Nature of Incident: Municipal
Facility Type: Industrial
Time of Incident: ONGO

Substance Identity: Unknown
TCPA Chemical: Unknown
CAS Number: Not reported
Ref. Code: 002
Release VE: Not reported
Contained: No
Facility Evacuation: No
Public Evacuation: No
Firemen at Scene: No
Receiving Water: Not reported

Caller:

Name: DET.CHAS CAHILLY
Address: CAMDEN, NJ
Phone: 609-757-7429

Title: CAMDEN PD/ARSON SQ

Responsible Party:

Name: Known
Contact: N/A
Address: 4TH+JEFFERSON STS
CAMDEN 08102, NJ
County: CAMDEN

Company: CONSOLIDATED CHEMX
Title: Not reported

Phone: N/A

NJ Spill:

Name: Not reported
Phone: Not reported
Date: Not reported

Title: Not reported

Time: Not reported

Local Municipality:

Name: Not reported
Phone: Not reported
Date: Not reported

Title: Not reported

Time: Not reported

Other:

Name: Not reported
Phone: Not reported
Date: Not reported

Title: Not reported

Time: Not reported

Incident:

Name: FURMAN STOOP
Region: ER2
Date: 10/13/1994
ITM: B

Referred To: DRPSR
Telephone: Office,Faxed
Incident Time: 14:56

Incident Description:

Wind Direction/Speed: Not reported
Assistance Requested: Yes
Date A310 Letter Printed: Not reported
Date Local Authority Was Notified: Not reported
Date Update: Not reported
Date Report Faxed to Local Authority: Not reported
Local Authority Notification Date 1: Not reported
Local Authority Notification Date 2: Not reported

Spill:

Not reported
Yes
Not reported
Not reported
Not reported
Not reported
Not reported
Not reported

DETAILED ORPHAN LISTING

| Site | Database(s) | EDR ID Number EPA ID Number |
|------|-------------|--------------------------------|
|------|-------------|--------------------------------|

CONSOLIDATED CHEMX (Continued)

S102209738

Local Authority Notification Date 3: Not reported
 Status at Spill: DRUMS ON PROPERTY SUSPECTED TO BE LEAKING. FACILITY IN THE PROCESS OF CLOSING UP. ASSISTANCE REQUESTED.
 Comments: Not reported

BEN FRANKLIN BRIDGE AT THE TOLL PLAZA CAMDEN, NJ

**NJ Release S102208204
 NJ Spills N/A**

NJ Release:

Facility ID: 15313
 Date Received: 08/23/1994
 Location: Other
 Facility Phone: Not reported
 Date of Incident: 08/23/1994
 Substance(s): OIL LIKE SUBSTANCE
 Substance Type: Liquid
 A310 Letter: Yes
 Hazrds Material: Yes
 COMU: 0408
 Amnt Released: 5-6 GAL
 Release Type: Terminated
 Injuries: No
 Public Exposure: No
 Police at Scene: Yes
 Contamination of: Land,Water

Case Number: 94-8-23-1830-29
 Operator: DIANNE
 Nature of Incident: Facility
 Facility Type: Residential
 Time of Incident: 18:19

Substance Identity: Known
 TCPA Chemical: No
 CAS Number: Not reported
 Ref. Code: 002
 Release VE: Estimate
 Contained: No
 Facility Evacuation: No
 Public Evacuation: No
 Firemen at Scene: No
 Receiving Water: DELAWARE RIVER

Caller:
 Name: MATTHEW SALINE
 Address: BRIDGE PLAZA
 CAMDEN, NJ
 Telephone: 609-963-6420

Title: DELAWARE RIV PORT

Responsible Party:

Name: UnKnown
 Contact: Not reported
 Address: Not reported
 County: Not reported

Company: Not reported
 Title: Not reported
 Telephone: Not reported

NJ Spill:

Name: OEM
 Telephone: 609-882-2000
 Date: 08/23/1994

Title: FAXED
 Time: Not reported

Local Municipality:

Name: Not reported
 Telephone: Not reported
 Date: Not reported

Municipality Title: Not reported
 Time: Not reported

Other:

Name: Not reported
 Telephone: Not reported
 Date: Not reported

Title: Not reported
 Time: Not reported

Incident:

Name: JIM MANUEL
 Region: ER2
 Date: 08/23/1994
 ITM: B
 Name: Not reported
 Region: HQ1
 Date: 08/23/1994
 ITM: T

Referred To: DRPSR
 Telephone: Paged,Faxed
 Incident Time: 19:03

Referred To: DFG
 Telephone: Faxed
 Incident Time: Not reported

Incident Description: Spill

DETAILED ORPHAN LISTING

| Site | Database(s) | EDR ID Number EPA ID Number |
|------|-------------|--------------------------------|
|------|-------------|--------------------------------|

BEN FRANKLIN BRIDGE (Continued)

S102208204

Wind Direction/Speed: Not reported
 Assistance Requested: Yes
 Date A310 Letter Printed: 08/23/1994
 Date Local Authority Was Notified: Not reported
 Date Update: Not reported
 Date Report Faxed to Local Authority: Not reported
 Local Authority Notification Date 1: Not reported
 Local Authority Notification Date 2: Not reported
 Local Authority Notification Date 3: Not reported
 Status at Spill: SPILL DUE TO DISABLED VEHICLE NEAR THE TOLL PLAZA. CLEAN UP DONE BY
 PORT AUTH PD.& MAINTENANCE DEPT. PORT AUTH. REQUESTING PHONE CALL.
 Comments: UPDATE 1921HRS RESP PARTY GORDEN TRUCK LEASING 215-744-3311. AS PER
 MATTHEW SALINE. DR

NJ Spill:

| | |
|-------------------------------------|---------------------------------|
| Facility ID: 15313 | Case Number: 94-8-23-1830-29 |
| Date Received: 08/23/1994 | Operator: DIANNE |
| Location: Other | Nature of Incident: Facility |
| Facility Phone: Not reported | Facility Type: Residential |
| Date of Incident: 08/23/1994 | Time of Incident: 18:19 |
| Substance(s): OIL LIKE SUBSTANCE | |
| Substance Type: Liquid | Substance Identity: Known |
| A310 Letter: Yes | TCPA Chemical: No |
| Hazrds Material: Yes | CAS Number: Not reported |
| COMU: 0408 | Ref. Code: 002 |
| Amnt Released: 5-6 GAL | Release VE: Estimate |
| Release Type: Terminated | Contained: No |
| Injuries: No | Facility Evacuation: No |
| Public Exposure: No | Public Evacuation: No |
| Police at Scene: Yes | Firemen at Scene: No |
| Contamination of: Land,Water | Receiving Water: DELAWARE RIVER |
| Caller: | |
| Name: MATTHEW SALINE | Title: DELAWARE RIV PORT |
| Address: BRIDGE PLAZA CAMDEN, NJ | |
| Phone: 609-963-6420 | |
| Responsible Party: | |
| Name: UnKnown | Company: Not reported |
| Contact: Not reported | Title: Not reported |
| Address: Not reported | |
| County: Not reported | Phone: Not reported |
| NJ Spill: | |
| Name: OEM | Title: FAXED |
| Phone: 609-882-2000 | |
| Date: 08/23/1994 | Time: Not reported |
| Local Municipality: | |
| Name: Not reported | Title: Not reported |
| Phone: Not reported | |
| Date: Not reported | Time: Not reported |
| Other: | |
| Name: Not reported | Title: Not reported |
| Phone: Not reported | |
| Date: Not reported | Time: Not reported |
| Incident: | |
| Name: JIM MANUEL | Referred To: DRPSR |
| Region: ER2 | Telephone: Paged,Faxed |
| Date: 08/23/1994 | Incident Time: 19:03 |

DETAILED ORPHAN LISTING

| Site | Database(s) | EDR ID Number EPA ID Number |
|------|-------------|--------------------------------|
|------|-------------|--------------------------------|

BEN FRANKLIN BRIDGE (Continued)

S102208204

| | | | |
|---------|--------------|----------------|--------------|
| ITM: | B | Referred To: | DFG |
| Name: | Not reported | Telephone: | Not reported |
| Region: | HQ1 | Incident Time: | Not reported |
| Date: | 08/23/1994 | | |
| ITM: | T | Referred To: | DFG |
| Name: | Not reported | Telephone: | Not reported |
| Region: | Not reported | Incident Time: | Not reported |
| Date: | Not reported | | |
| ITM: | Not reported | | |

Incident Description: Spill
 Wind Direction/Speed: Not reported
 Assistance Requested: Yes
 Date A310 Letter Printed: 08/23/1994
 Date Local Authority Was Notified: Not reported
 Date Update: Not reported
 Date Report Faxed to Local Authority: Not reported
 Local Authority Notification Date 1: Not reported
 Local Authority Notification Date 2: Not reported
 Local Authority Notification Date 3: Not reported

Status at Spill: SPILL DUE TO DISABLED VEHICLE NEAR THE TOLL PLAZA. CLEAN UP DONE BY PORT AUTH PD.& MAINTENANCE DEPT. PORT AUTH. REQUESTING PHONE CALL.
 Comments: UPDATE 1921HRS RESP PARTY.GORDEN TRUCK LEASING 215-744-3311. AS PER MATTHEW SALINE. DR

1300 BLOCK OF THURMAN ST CAMDEN, NJ

NJ Release S102212609
 NJ Spills N/A

NJ Spill:

| | | | |
|--------------------|---------------------------------------|----------------------|-----------------|
| Facility ID: | 1369 | Case Number: | 95-1-28-1133-59 |
| Date Received: | 01/28/1995 | Operator: | JIMH |
| Location: | Other | Nature of Incident: | Facility |
| Facility Phone: | Not reported | Facility Type: | Residential |
| Date of Incident: | 01/28/1995 | Time of Incident: | 11:20 |
| Substance(s): | OIL FUEL #2 | Substance Identity: | Known |
| Substance Type: | Liquid | TCPA Chemical: | No |
| A310 Letter: | Yes | CAS Number: | Not reported |
| Hazrds Material: | Yes | Ref. Code: | 002 |
| COMU: | 0408 | Release VE: | Estimate |
| Amnt Released: | 5 GALLON | Contained: | Yes |
| Release Type: | Terminated | Facility Evacuation: | No |
| Injuries: | No | Public Evacuation: | No |
| Public Exposure: | No | Firemen at Scene: | Yes |
| Police at Scene: | No | Receiving Water: | Not reported |
| Contamination of: | Land | | |
| Caller: | | Title: | 7 OIL CO. |
| Name: | MIKE LONG | | |
| Address: | 1708 UNION LANDING CINNAMINSON, NJ | Company: | 7 OIL CO. |
| Phone: | 609-786-0707 | Title: | OWNER |
| Responsible Party: | | | |
| Name: | Known | Phone: | Not reported |
| Contact: | MIKE LONG | Title: | Not reported |
| Address: | 1708 UNION LANDING CINNAMINSON, NJ | | |
| County: | BURLINGTON | | |
| NJ Spill: | | | |
| Name: | Not reported | | |

DETAILED ORPHAN LISTING

| Site | Database(s) | EDR ID Number EPA ID Number |
|---|-----------------------------|--------------------------------|
| 1300 BLOCK OF (Continued) | | S102212609 |
| Phone: Not reported | | |
| Date: Not reported | Time: Not reported | |
| Local Municipality: | | |
| Name: CAMDEN CITY | Title: OPER 701 | |
| Phone: 609-757-7400 | | |
| Date: 01/28/1995 | Time: 11:38 | |
| Other: | | |
| Name: Not reported | Title: Not reported | |
| Phone: Not reported | | |
| Date: Not reported | Time: Not reported | |
| Incident: | | |
| Name: B.WINTERBURN | Referred To: DRPSR | |
| Region: ER2 | Telephone: Paged | |
| Date: 01/28/1995 | Incident Time: 11:40 | |
| ITM: B | | |
| Name: Not reported | Referred To: NJDOT | |
| Region: Not reported | Telephone: Not reported | |
| Date: 01/28/1995 | Incident Time: Not reported | |
| ITM: T | | |
| Name: Not reported | Referred To: NJDOT | |
| Region: Not reported | Telephone: Not reported | |
| Date: Not reported | Incident Time: Not reported | |
| ITM: Not reported | | |
| Incident Description: Spill | | |
| Wind Direction/Speed: Not reported | | |
| Assistance Requested: No | | |
| Date A310 Letter Printed: 01/28/1995 | | |
| Date Local Authority Was Notified: Not reported | | |
| Date Update: Not reported | | |
| Date Report Faxed to Local Authority: 01/28/1995 | | |
| Local Authority Notification Date 1: Not reported | | |
| Local Authority Notification Date 2: Not reported | | |
| Local Authority Notification Date 3: Not reported | | |
| Status at Spill: LEAK FROM TOP OF TRUCK ONTO ROADWAY.COMPANY DOING CLEANUP. THIS WAS DUE TO MALFUNCTION OF TRUCK. | | |
| Comments: Not reported | | |

WELSBACH & GENERAL GAS MANTLE VARIOUS LOCATIONS CAMDEN, NJ

SHWS S101872179
N/A

SHWS:

Facility ID: NJD986620995
Case Status: ACTIVE
Contact: BSM
Facility Status: OPEN
CEA/DER: Not reported

Case ID: 1104-I
Status Date: 11/30/1990

Facility ID: NJD986620995
Case Status: ACTIVE
Contact: EPA
Facility Status: OPEN
CEA/DER: Not reported

Case ID: 633
Status Date: 11/30/1990

DETAILED ORPHAN LISTING

| Site | Database(s) | EDR ID Number EPA ID Number |
|--|---------------------------------|--------------------------------|
| ROADWAY WOODLAND / MT EPHRIA CAMDEN, NJ | NJ Release NJ Spills | S102212986 N/A |
| <div> <div> <p>NJ Spill:</p> <p>Facility ID: 2110</p> <p>Date Received: 02/14/1995</p> <p>Location: Other</p> <p>Facility Phone: Not reported</p> <p>Date of Incident: 02/14/1995</p> <p>Substance(s): OIL FUEL</p> <p>Substance Type: Liquid</p> <p>A310 Letter: No</p> <p>Hazrds Material: Yes</p> <p>COMU: 0408</p> <p>Amnt Released: 30 GALLON</p> <p>Release Type: Terminated</p> <p>Injuries: No</p> <p>Public Exposure: No</p> <p>Police at Scene: Yes</p> <p>Contamination of: Land</p> <p>Caller:</p> <p>Name: DISP. 15</p> <p>Address: Not reported</p> <p>Phone: 609-757-7500</p> <p>Responsible Party:</p> <p>Name: UnKnown</p> <p>Contact: Not reported</p> <p>Address: Not reported</p> <p>County: Not reported</p> <p>NJ Spill:</p> <p>Name: Not reported</p> <p>Phone: Not reported</p> <p>Date: Not reported</p> <p>Local Municipality:</p> <p>Name: Not reported</p> <p>Phone: Not reported</p> <p>Date: Not reported</p> <p>Other:</p> <p>Name: Not reported</p> <p>Phone: Not reported</p> <p>Date: Not reported</p> <p>Incident:</p> <p>Name: Not reported</p> <p>Region: BFO-CAS</p> <p>Date: 02/14/1995</p> <p>ITM: B</p> <p>Incident Description: Spill</p> <p>Wind Direction/Speed: Not reported</p> <p>Assistance Requested: No</p> <p>Date A310 Letter Printed: Not reported</p> <p>Date Local Authority Was Notified: Not reported</p> <p>Date Update: Not reported</p> <p>Date Report Faxed to Local Authority: Not reported</p> <p>Local Authority Notification Date 1: Not reported</p> <p>Local Authority Notification Date 2: Not reported</p> <p>Local Authority Notification Date 3: Not reported</p> <p>Status at Spill: FD FOUND SPILL ON GROUND . LOCALS WILL HANDLE CLEANUP</p> <p>Comments: Not reported</p> </div> <div> <p>Case Number: 95-2-14-0749-19</p> <p>Operator: JIMH</p> <p>Nature of Incident: Municipal</p> <p>Facility Type: Residential</p> <p>Time of Incident: 07:04</p> <p>Substance Identity: Known</p> <p>TCPA Chemical: No</p> <p>CAS Number: Not reported</p> <p>Ref. Code: 101</p> <p>Release VE: Estimate</p> <p>Contained: Yes</p> <p>Facility Evacuation: No</p> <p>Public Evacuation: No</p> <p>Firemen at Scene: Yes</p> <p>Receiving Water: Not reported</p> <p>Title: CAMDEN FD</p> <p>Company: Not reported</p> <p>Title: Not reported</p> <p>Phone: Not reported</p> <p>Title: Not reported</p> <p>Time: Not reported</p> <p>Title: Not reported</p> <p>Time: Not reported</p> <p>Title: Not reported</p> <p>Time: Not reported</p> <p>Referred To: DRPSR</p> <p>Telephone: Faxed,Mailed</p> <p>Incident Time: Not reported</p> </div> </div> | | |

DETAILED ORPHAN LISTING

| Site | Database(s) | EDR ID Number EPA ID Number |
|------|-------------|--------------------------------|
|------|-------------|--------------------------------|

SHERWIN WILLIAMS CO 5120
1204 RTE 130 N
CINNAMINSON, NJ 08077

RCRIS-SQG **1001488703**
FINDS **NJR000026682**

RCRIS:

Owner: MAIN LINE II ASSOC LP
(609) 482-5959

Contact: JIM HATWAY
(609) 829-0788

Record Date: 11/16/1998

Classification: Conditionally Exempt Small Quantity Generator

Used Oil Recyc: No

Violation Status: No violations found

C H HAINES & SONS INC
ROUTE 130
CINNAMINSON, NJ 08077

UST **U000355024**
N/A

UST:

| | | | |
|-------------------------------------|--------------------------------------|------------------|--------------------------|
| Facility ID: | 0035480 | Facility Status: | Inactive |
| Install Date: | 1/1/86 0:00:00 | Facility Type: | B. COMMERCIAL/INDUSTRIAL |
| Unique Tank ID: | 4.00 | Owner Tank ID: | 0004 |
| Operator: | Not reported | | |
| Operator Address: | Not reported | | |
| Owner: | C H HAINES & SONS INC | | |
| Owner Address: | BOX 1 ROUTE 130 PALMYRA, NJ 08065 | | |
| Tank Capacity: | 275.00 Gallons | | |
| Tank Contents: | F. WASTE OIL | | |
| Tank Construction: | B. CATHODICALLY PROTECTED STEEL | | |
| Tank Structure: | A. SINGLE WALL | | |
| Pipe Contents: | H. OTHER: PVC | | |
| Pipe Structure: | A. SINGLE WALL | | |
| Over Fill Products: | No | | |
| Spill Containment Around Fill Pipe: | No | | |
| Tank Status: | G. REMOVED 4/91 C91-0398-0709-0710 | | |
| Date Tank Removed: | Not reported | | |
| Date Tank Abandoned in Place: | Not reported | | |
| Date Tank Taken Out of Service: | Not reported | | |
| Date of Tank Sale or Transfer: | Not reported | | |
| Tank Closure Number: | Not reported | | |
| Tank ISRA Number: | Not reported | | |
| Tank in Wellhead Protection Area: | Not reported | | |
| Is Facility in Compliance Rules: | 0 | | |

DETAILED ORPHAN LISTING

| Site | Database(s) | EDR ID Number EPA ID Number |
|------|-------------|--------------------------------|
|------|-------------|--------------------------------|

C H HAINES & SONS INC (Continued)

U000355024

| | | | |
|-------------------------------------|--------------------------------------|------------------|--------------------------|
| Facility ID: | 0035480 | Facility Status: | Inactive |
| Install Date: | 1/1/86 0:00:00 | Facility Type: | B. COMMERCIAL/INDUSTRIAL |
| Unique Tank ID: | 2.00 | Owner Tank ID: | 0002 |
| Operator: | Not reported | | |
| Operator Address: | Not reported | | |
| Owner: | C H HAINES & SONS INC | | |
| Owner Address: | BOX 1 ROUTE 130 PALMYRA, NJ 08065 | | |
| Tank Capacity: | 2000.00 Gallons | | |
| Tank Contents: | B. UNLEADED GASOLINE | | |
| Tank Construction: | H. OTHER: GALV PIPE A. BARE STEEL | | |
| Tank Structure: | A. SINGLE WALL | | |
| Pipe Contents: | H. OTHER | | |
| Pipe Structure: | A. SINGLE WALL | | |
| Over Fill Products: | No | | |
| Spill Containment Around Fill Pipe: | No | | |
| Tank Status: | G. REMOVED 4/91 C91-0398-0709-0710 | | |
| Date Tank Removed: | Not reported | | |
| Date Tank Abandoned in Place: | Not reported | | |
| Date Tank Taken Out of Service: | Not reported | | |
| Date of Tank Sale or Transfer: | Not reported | | |
| Tank Closure Number: | Not reported | | |
| Tank ISRA Number: | Not reported | | |
| Tank in Wellhead Protection Area: | Not reported | | |
| Is Facility in Compliance Rules: | 0 | | |

| | | | |
|-------------------------------------|---|------------------|--------------------------|
| Facility ID: | 0035480 | Facility Status: | Inactive |
| Install Date: | 1/1/52 0:00:00 | Facility Type: | B. COMMERCIAL/INDUSTRIAL |
| Unique Tank ID: | 1.00 | Owner Tank ID: | 0001 |
| Operator: | Not reported | | |
| Operator Address: | Not reported | | |
| Owner: | C H HAINES & SONS INC | | |
| Owner Address: | BOX 1 ROUTE 130 PALMYRA, NJ 08065 | | |
| Tank Capacity: | 550.00 Gallons | | |
| Tank Contents: | B. UNLEADED GASOLINE | | |
| Tank Construction: | H. OTHER: GALV PIPE B. CATHODICALLY PROTECTED STEEL | | |
| Tank Structure: | A. SINGLE WALL | | |
| Pipe Contents: | H. OTHER | | |
| Pipe Structure: | A. SINGLE WALL | | |
| Over Fill Products: | No | | |
| Spill Containment Around Fill Pipe: | No | | |
| Tank Status: | G. REMOVED 4/91 C91-0398-0709-0710 | | |
| Date Tank Removed: | Not reported | | |
| Date Tank Abandoned in Place: | Not reported | | |
| Date Tank Taken Out of Service: | Not reported | | |
| Date of Tank Sale or Transfer: | Not reported | | |
| Tank Closure Number: | Not reported | | |
| Tank ISRA Number: | Not reported | | |
| Tank in Wellhead Protection Area: | Not reported | | |
| Is Facility in Compliance Rules: | 0 | | |

DETAILED ORPHAN LISTING

| Site | Database(s) | EDR ID Number EPA ID Number |
|------|-------------|--------------------------------|
|------|-------------|--------------------------------|

C H HAINES & SONS INC (Continued)

U000355024

| | | | |
|-------------------------------------|--------------------------------------|------------------|--------------------------|
| Facility ID: | 0035480 | Facility Status: | Inactive |
| Install Date: | 1/1/86 0:00:00 | Facility Type: | B. COMMERCIAL/INDUSTRIAL |
| Unique Tank ID: | 3.00 | Owner Tank ID: | 0003 |
| Operator: | Not reported | | |
| Operator Address: | Not reported | | |
| Owner: | C H HAINES & SONS INC | | |
| Owner Address: | BOX 1 ROUTE 130 PALMYRA, NJ 08065 | | |
| Tank Capacity: | 275.00 Gallons | | |
| Tank Contents: | F. WASTE OIL | | |
| Tank Construction: | B. CATHODICALLY PROTECTED STEEL | | |
| Tank Structure: | A. SINGLE WALL | | |
| Pipe Contents: | H. OTHER: PVC | | |
| Pipe Structure: | A. SINGLE WALL | | |
| Over Fill Products: | No | | |
| Spill Containment Around Fill Pipe: | No | | |
| Tank Status: | G. REMOVED 4/91 C91-0398-0709-0710 | | |
| Date Tank Removed: | Not reported | | |
| Date Tank Abandoned in Place: | Not reported | | |
| Date Tank Taken Out of Service: | Not reported | | |
| Date of Tank Sale or Transfer: | Not reported | | |
| Tank Closure Number: | Not reported | | |
| Tank ISRA Number: | Not reported | | |
| Tank in Wellhead Protection Area: | Not reported | | |
| Is Facility in Compliance Rules: | 0 | | |

DERINGERS PETERBILT INC/EASY AUTO SERVICE & SUPPLI
2701 / 2703 RIVER RD
CINNAMINSON, NJ 08077

LUST

S103089473
N/A

LUST:

| | |
|--------------------------------|--|
| Facility ID: | Not reported |
| Facility Status: | Case Management Section |
| UST ID: | 0120205 |
| Lead Program Assigned to Case: | Bureau of Field Operations - Case Assignment Section |
| TMS Number: | C95-0823 |
| Remedial Level: | Not reported |
| Case Manager: | MB |
| Web Data Case Manager: | Not reported |

CHASETON E CO INC.
BANNARD & ST. ROAD
CINNAMINSON, NJ 08077

UST

U000369271
N/A

DETAILED ORPHAN LISTING

| Site | Database(s) | EDR ID Number EPA ID Number |
|------|-------------|--------------------------------|
|------|-------------|--------------------------------|

CHASETON E CO INC. (Continued)

U000369271

UST:

| | | | |
|-------------------------------------|----------------------|------------------|--------------------------|
| Facility ID: | 0182397 | Facility Status: | Inactive |
| Install Date: | 1/1/75 0:00:00 | Facility Type: | B. COMMERCIAL/INDUSTRIAL |
| Unique Tank ID: | 1.00 | Owner Tank ID: | 1 |
| Operator: | Not reported | | |
| Operator Address: | Not reported | | |
| Owner: | RODMAN STATON | | |
| Owner Address: | PO BOX 222 | | |
| | RIVERTON, NJ 08077 | | |
| Tank Capacity: | 2000.00 Gallons | | |
| Tank Contents: | B. UNLEADED GASOLINE | | |
| Tank Construction: | A. BARE STEEL | | |
| Tank Structure: | A. SINGLE WALL | | |
| Pipe Contents: | A. BARE STEEL | | |
| Pipe Structure: | A. SINGLE WALL | | |
| Over Fill Products: | No | | |
| Spill Containment Around Fill Pipe: | No | | |
| Tank Status: | G. REMOVED PENDING | | |
| Date Tank Removed: | Not reported | | |
| Date Tank Abandoned in Place: | Not reported | | |
| Date Tank Taken Out of Service: | Not reported | | |
| Date of Tank Sale or Transfer: | Not reported | | |
| Tank Closure Number: | Not reported | | |
| Tank ISRA Number: | Not reported | | |
| Tank in Wellhead Protection Area: | Not reported | | |
| Is Facility in Compliance Rules: | 0 | | |

TOWNSHIP OF CINNAMINSON
DEPT OF PUBLIC WORKS
CINNAMINSON, NJ 08077

UST

U000358864
N/A

DETAILED ORPHAN LISTING

Site

Database(s)

EDR ID Number
EPA ID Number

TOWNSHIP OF CINNAMINSON (Continued)

U000358864

UST:

| | | | |
|-------------------------------------|---|------------------|---------------------|
| Facility ID: | 0085160 | Facility Status: | Inactive |
| Install Date: | 1/1/73 0:00:00 | Facility Type: | C. County/Municipal |
| Unique Tank ID: | 1.00 | Owner Tank ID: | E1 |
| Operator: | Not reported | | |
| Operator Address: | Not reported | | |
| Owner: | TOWNSHIP OF CINNAMINSON | | |
| Owner Address: | 1601 UNIONLANDING RD CINNAMINSON, NJ 08077 | | |
| Tank Capacity: | 4000.00 Gallons | | |
| Tank Contents: | B. UNLEADED GASOLINE | | |
| Tank Construction: | A. BARE STEEL | | |
| Tank Structure: | A. SINGLE WALL | | |
| Pipe Contents: | A. BARE STEEL | | |
| Pipe Structure: | A. SINGLE WALL | | |
| Over Fill Products: | Yes | | |
| Spill Containment Around Fill Pipe: | No | | |
| Tank Status: | G. Removed | | |
| Date Tank Removed: | Not reported | | |
| Date Tank Abandoned in Place: | Not reported | | |
| Date Tank Taken Out of Service: | Not reported | | |
| Date of Tank Sale or Transfer: | Not reported | | |
| Tank Closure Number: | Not reported | | |
| Tank ISRA Number: | Not reported | | |
| Tank in Wellhead Protection Area: | Not reported | | |
| Is Facility in Compliance Rules: | 0 | | |

| | | | |
|-------------------------------------|---|------------------|---------------------|
| Facility ID: | 0085160 | Facility Status: | Inactive |
| Install Date: | 1/1/73 0:00:00 | Facility Type: | C. County/Municipal |
| Unique Tank ID: | 2.00 | Owner Tank ID: | E2 |
| Operator: | Not reported | | |
| Operator Address: | Not reported | | |
| Owner: | TOWNSHIP OF CINNAMINSON | | |
| Owner Address: | 1601 UNIONLANDING RD CINNAMINSON, NJ 08077 | | |
| Tank Capacity: | 2000.00 Gallons | | |
| Tank Contents: | E. MEDIUM DIESEL FUEL (NO. 2-D) | | |
| Tank Construction: | A. BARE STEEL | | |
| Tank Structure: | A. SINGLE WALL | | |
| Pipe Contents: | A. BARE STEEL | | |
| Pipe Structure: | A. SINGLE WALL | | |
| Over Fill Products: | Yes | | |
| Spill Containment Around Fill Pipe: | No | | |
| Tank Status: | G. Removed | | |
| Date Tank Removed: | Not reported | | |
| Date Tank Abandoned in Place: | Not reported | | |
| Date Tank Taken Out of Service: | Not reported | | |
| Date of Tank Sale or Transfer: | Not reported | | |
| Tank Closure Number: | Not reported | | |
| Tank ISRA Number: | Not reported | | |
| Tank in Wellhead Protection Area: | Not reported | | |
| Is Facility in Compliance Rules: | 0 | | |

DETAILED ORPHAN LISTING

| Site | Database(s) | EDR ID Number EPA ID Number |
|--|-------------|--------------------------------|
| TOWNSHIP OF CINNAMINSON DEPT OF PUBLIC SAFETY CINNAMINSON, NJ 08077 UST: Facility ID: 0085188 Install Date: 1/1/69 0:00:00 Unique Tank ID: 1.00 Operator: Not reported Operator Address: Not reported Owner: TOWNSHIP OF CINNAMINSON Owner Address: RIVERTON & MANOR RDS CINNAMINSON, NJ 08077 Tank Capacity: 1000.00 Gallons Tank Contents: B. UNLEADED GASOLINE Tank Construction: A. BARE STEEL Tank Structure: A. SINGLE WALL Pipe Contents: A. BARE STEEL Pipe Structure: A. SINGLE WALL Over Fill Products: Yes Spill Containment Around Fill Pipe: No Tank Status: G. REMOVED 3/20/89 Date Tank Removed: Not reported Date Tank Abandoned in Place: Not reported Date Tank Taken Out of Service: Not reported Date of Tank Sale or Transfer: Not reported Tank Closure Number: Not reported Tank ISRA Number: Not reported Tank in Wellhead Protection Area: Not reported Is Facility in Compliance Rules: 0 | UST | U000358866 N/A |
| TOWNSHIP OF CINNAMINSON DEPT OF PUBLIC BLDGS & GROUNDS CINNAMINSON, NJ 08077 | UST | U000358867 N/A |

DETAILED ORPHAN LISTING

| Site | Database(s) | EDR ID Number EPA ID Number |
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TOWNSHIP OF CINNAMINSON (Continued)

U000358867

UST:

| | | | |
|-------------------------------------|-----------------------------|------------------|---------------------|
| Facility ID: | 0085197 | Facility Status: | Inactive |
| Install Date: | 1/1/73 0:00:00 | Facility Type: | C. County/Municipal |
| Unique Tank ID: | 1.00 | Owner Tank ID: | E5 |
| Operator: | Not reported | | |
| Operator Address: | Not reported | | |
| Owner: | TOWNSHIP OF CINNAMINSON | | |
| Owner Address: | 1601 UNLANDING RD | | |
| | CINNAMINSON, NJ 08077 | | |
| Tank Capacity: | 1000.00 Gallons | | |
| Tank Contents: | H. HOME HEATING OIL (NO. 2) | | |
| Tank Construction: | A. BARE STEEL | | |
| Tank Structure: | A. SINGLE WALL | | |
| Pipe Contents: | A. BARE STEEL | | |
| Pipe Structure: | A. SINGLE WALL | | |
| Over Fill Products: | Yes | | |
| Spill Containment Around Fill Pipe: | No | | |
| Tank Status: | G. Removed | | |
| Date Tank Removed: | Not reported | | |
| Date Tank Abandoned in Place: | Not reported | | |
| Date Tank Taken Out of Service: | Not reported | | |
| Date of Tank Sale or Transfer: | Not reported | | |
| Tank Closure Number: | Not reported | | |
| Tank ISRA Number: | Not reported | | |
| Tank in Wellhead Protection Area: | Not reported | | |
| Is Facility in Compliance Rules: | 0 | | |

CINNAMINSON UHAUL US HWY RT 130 CINNAMINSON, NJ 08077

LUST
UST

U000371602
N/A

LUST:

| | |
|--------------------------------|---|
| Facility ID: | Not reported |
| Facility Status: | Site Issued Letter of No Further Action |
| UST ID: | 0061364 |
| Lead Program Assigned to Case: | Bureau of Field Operations - Initial Notice Section |
| TMS Number: | N98-0006-B |
| Remedial Level: | B |
| Case Manager: | SF |
| Web Data Case Manager: | 7/6/98 0:00:00 |

DETAILED ORPHAN LISTING

| Site | Database(s) | EDR ID Number EPA ID Number |
|------|-------------|--------------------------------|
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CINNAMINSON UHAUL (Continued)

U000371602

UST:

| | | | |
|-------------------------------------|--------------------------------------|------------------|--------------------------|
| Facility ID: | 0061364 | Facility Status: | Active |
| Install Date: | 1/1/87 0:00:00 | Facility Type: | B. COMMERCIAL/INDUSTRIAL |
| Unique Tank ID: | 1.00 | Owner Tank ID: | E1 |
| Operator: | Not reported | | |
| Operator Address: | Not reported | | |
| Owner: | AMERCO REAL ESTATE COMPANY | | |
| Owner Address: | 2101 RT 130 CINNAMINSON, NJ 08052 | | |
| Tank Capacity: | 0.00 Gallons | | |
| Tank Contents: | A. LEADED GASOLINE | | |
| Tank Construction: | D. FIBERGLASS-REINFORCED PLASTIC | | |
| Tank Structure: | B. DOUBLE WALL C. OTHER: LINER | | |
| Pipe Contents: | D. FIBERGLASS-REINFORCED PLASTIC | | |
| Pipe Structure: | A. SINGLE WALL C. OTHER: LINER | | |
| Over Fill Products: | Yes | | |
| Spill Containment Around Fill Pipe: | No | | |
| Tank Status: | A. IN-USE | | |
| Date Tank Removed: | Not reported | | |
| Date Tank Abandoned in Place: | Not reported | | |
| Date Tank Taken Out of Service: | Not reported | | |
| Date of Tank Sale or Transfer: | Not reported | | |
| Tank Closure Number: | Not reported | | |
| Tank ISRA Number: | Not reported | | |
| Tank in Wellhead Protection Area: | Not reported | | |
| Is Facility in Compliance Rules: | 0 | | |

| | | | |
|-------------------------------------|--------------------------------------|------------------|--------------------------|
| Facility ID: | 0061364 | Facility Status: | Active |
| Install Date: | 1/1/87 0:00:00 | Facility Type: | B. COMMERCIAL/INDUSTRIAL |
| Unique Tank ID: | 2.00 | Owner Tank ID: | E2 |
| Operator: | Not reported | | |
| Operator Address: | Not reported | | |
| Owner: | AMERCO REAL ESTATE COMPANY | | |
| Owner Address: | 2101 RT 130 CINNAMINSON, NJ 08052 | | |
| Tank Capacity: | 0.00 Gallons | | |
| Tank Contents: | B. UNLEADED GASOLINE | | |
| Tank Construction: | D. FIBERGLASS-REINFORCED PLASTIC | | |
| Tank Structure: | B. DOUBLE WALL C. OTHER: LINER | | |
| Pipe Contents: | D. FIBERGLASS-REINFORCED PLASTIC | | |
| Pipe Structure: | A. SINGLE WALL C. OTHER: LINER | | |
| Over Fill Products: | Yes | | |
| Spill Containment Around Fill Pipe: | No | | |
| Tank Status: | A. IN-USE | | |
| Date Tank Removed: | Not reported | | |
| Date Tank Abandoned in Place: | Not reported | | |
| Date Tank Taken Out of Service: | Not reported | | |
| Date of Tank Sale or Transfer: | Not reported | | |
| Tank Closure Number: | Not reported | | |
| Tank ISRA Number: | Not reported | | |
| Tank in Wellhead Protection Area: | Not reported | | |
| Is Facility in Compliance Rules: | 0 | | |

DETAILED ORPHAN LISTING

| Site | Database(s) | EDR ID Number EPA ID Number |
|------|-------------|--------------------------------|
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CINNAMINSON UHAUL (Continued)

U000371602

| | | | |
|-------------------------------------|--------------------------------------|------------------|--------------------------|
| Facility ID: | 0061364 | Facility Status: | Active |
| Install Date: | 1/1/87 0:00:00 | Facility Type: | B. COMMERCIAL/INDUSTRIAL |
| Unique Tank ID: | 3.00 | Owner Tank ID: | E3 |
| Operator: | Not reported | | |
| Operator Address: | Not reported | | |
| Owner: | AMERCO REAL ESTATE COMPANY | | |
| Owner Address: | 2101 RT 130 CINNAMINSON, NJ 08052 | | |
| Tank Capacity: | 0.00 Gallons | | |
| Tank Contents: | D. LIGHT DIESEL FUEL (NO. 1-D) | | |
| Tank Construction: | D. FIBERGLASS-REINFORCED PLASTIC | | |
| Tank Structure: | B. DOUBLE WALL C. OTHER: LINER | | |
| Pipe Contents: | D. FIBERGLASS-REINFORCED PLASTIC | | |
| Pipe Structure: | A. SINGLE WALL C. OTHER: LINER | | |
| Over Fill Products: | Yes | | |
| Spill Containment Around Fill Pipe: | No | | |
| Tank Status: | A. IN-USE | | |
| Date Tank Removed: | Not reported | | |
| Date Tank Abandoned in Place: | Not reported | | |
| Date Tank Taken Out of Service: | Not reported | | |
| Date of Tank Sale or Transfer: | Not reported | | |
| Tank Closure Number: | Not reported | | |
| Tank ISRA Number: | Not reported | | |
| Tank in Wellhead Protection Area: | Not reported | | |
| Is Facility in Compliance Rules: | 0 | | |

| | | | |
|-------------------------------------|--------------------------------------|------------------|--------------------------|
| Facility ID: | 0061364 | Facility Status: | Active |
| Install Date: | 1/1/87 0:00:00 | Facility Type: | B. COMMERCIAL/INDUSTRIAL |
| Unique Tank ID: | 4.00 | Owner Tank ID: | E4 |
| Operator: | Not reported | | |
| Operator Address: | Not reported | | |
| Owner: | AMERCO REAL ESTATE COMPANY | | |
| Owner Address: | 2101 RT 130 CINNAMINSON, NJ 08052 | | |
| Tank Capacity: | 0.00 Gallons | | |
| Tank Contents: | F. WASTE OIL | | |
| Tank Construction: | A. BARE STEEL | | |
| Tank Structure: | A. SINGLE WALL C. OTHER: LINER | | |
| Pipe Contents: | A. BARE STEEL | | |
| Pipe Structure: | A. SINGLE WALL C. OTHER: LINER | | |
| Over Fill Products: | No | | |
| Spill Containment Around Fill Pipe: | No | | |
| Tank Status: | A. IN-USE | | |
| Date Tank Removed: | Not reported | | |
| Date Tank Abandoned in Place: | Not reported | | |
| Date Tank Taken Out of Service: | Not reported | | |
| Date of Tank Sale or Transfer: | Not reported | | |
| Tank Closure Number: | Not reported | | |
| Tank ISRA Number: | Not reported | | |
| Tank in Wellhead Protection Area: | Not reported | | |
| Is Facility in Compliance Rules: | 0 | | |

DETAILED ORPHAN LISTING

| Site | Database(s) | EDR ID Number EPA ID Number |
|--|--|--------------------------------|
| CINNAMINSON SEWERAGE AUTHORITY INDUSTRIAL HWY CINNAMINSON, NJ 08077 | UST | U000365134 N/A |
| UST: | | |
| Facility ID: 0165701 | Facility Status: Inactive | |
| Install Date: 1/1/79 0:00:00 | Facility Type: B. COMMERCIAL/INDUSTRIAL | |
| Unique Tank ID: 1.00 | Owner Tank ID: 0003 | |
| Operator: | Not reported | |
| Operator Address: | Not reported | |
| Owner: | CINNAMINSON SEWERAGE AUTHORITY | |
| Owner Address: | 1621 RIVERTON RD. CINNAMINSON, NJ 08077 | |
| Tank Capacity: | 250.00 Gallons | |
| Tank Contents: | A. LEADED GASOLINE | |
| Tank Construction: | H. OTHER: UNKNOWN | |
| Tank Structure: | C. OTHER | |
| Pipe Contents: | H. OTHER: UNKNOWN | |
| Pipe Structure: | C. OTHER | |
| Over Fill Products: | No | |
| Spill Containment Around Fill Pipe: | No | |
| Tank Status: | G. REMOVED | |
| Date Tank Removed: | Not reported | |
| Date Tank Abandoned in Place: | Not reported | |
| Date Tank Taken Out of Service: | Not reported | |
| Date of Tank Sale or Transfer: | Not reported | |
| Tank Closure Number: | Not reported | |
| Tank ISRA Number: | Not reported | |
| Tank in Wellhead Protection Area: | Not reported | |
| Is Facility in Compliance Rules: | 0 | |
| | | |
| MERIDITH PAVING CORPORATION UNION LEADING ROAD CINNAMINSON, NJ 08077 | UST | U002156328 N/A |

DETAILED ORPHAN LISTING

| Site | Database(s) | EDR ID Number EPA ID Number |
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MERIDITH PAVING CORPORATION (Continued)

U002156328

UST:

| | | | |
|-----------------|----------------|------------------|--------------------------|
| Facility ID: | 0242543 | Facility Status: | Inactive |
| Install Date: | 1/1/61 0:00:00 | Facility Type: | B. COMMERCIAL/INDUSTRIAL |
| Unique Tank ID: | 2.00 | Owner Tank ID: | E2 |

| | |
|-------------------|-----------------------------------|
| Operator: | Not reported |
| Operator Address: | Not reported |
| Owner: | MERIDITH PAVING CORPORATION |
| Owner Address: | P O BOX 267 RIVERTON, NJ 08077 |

| | |
|-------------------------------------|-----------------------------|
| Tank Capacity: | 4000.00 Gallons |
| Tank Contents: | H. HOME HEATING OIL (NO. 2) |
| Tank Construction: | A. BARE STEEL |
| Tank Structure: | A. SINGLE WALL |
| Pipe Contents: | A. BARE STEEL |
| Pipe Structure: | A. SINGLE WALL |
| Over Fill Products: | No |
| Spill Containment Around Fill Pipe: | No |
| Tank Status: | G. REMOVED 3/9/93 C92-4942 |
| Date Tank Removed: | Not reported |
| Date Tank Abandoned in Place: | Not reported |
| Date Tank Taken Out of Service: | Not reported |
| Date of Tank Sale or Transfer: | Not reported |
| Tank Closure Number: | Not reported |
| Tank ISRA Number: | Not reported |
| Tank in Wellhead Protection Area: | Not reported |
| Is Facility in Compliance Rules: | 0 |

| | | | |
|-----------------|----------------|------------------|--------------------------|
| Facility ID: | 0242543 | Facility Status: | Inactive |
| Install Date: | 1/1/61 0:00:00 | Facility Type: | B. COMMERCIAL/INDUSTRIAL |
| Unique Tank ID: | 3.00 | Owner Tank ID: | E3 |

| | |
|-------------------|-----------------------------------|
| Operator: | Not reported |
| Operator Address: | Not reported |
| Owner: | MERIDITH PAVING CORPORATION |
| Owner Address: | P O BOX 267 RIVERTON, NJ 08077 |

| | |
|-------------------------------------|-----------------------------|
| Tank Capacity: | 4000.00 Gallons |
| Tank Contents: | H. HOME HEATING OIL (NO. 2) |
| Tank Construction: | A. BARE STEEL |
| Tank Structure: | A. SINGLE WALL |
| Pipe Contents: | A. BARE STEEL |
| Pipe Structure: | A. SINGLE WALL |
| Over Fill Products: | No |
| Spill Containment Around Fill Pipe: | No |
| Tank Status: | G. REMOVED 3/9/93 C92-4940 |
| Date Tank Removed: | Not reported |
| Date Tank Abandoned in Place: | Not reported |
| Date Tank Taken Out of Service: | Not reported |
| Date of Tank Sale or Transfer: | Not reported |
| Tank Closure Number: | Not reported |
| Tank ISRA Number: | Not reported |
| Tank in Wellhead Protection Area: | Not reported |
| Is Facility in Compliance Rules: | 0 |

DETAILED ORPHAN LISTING

| Site | Database(s) | EDR ID Number EPA ID Number |
|------|-------------|--------------------------------|
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MERIDITH PAVING CORPORATION (Continued)

U002156328

| | | | |
|-------------------------------------|-----------------------------------|------------------|--------------------------|
| Facility ID: | 0242543 | Facility Status: | Inactive |
| Install Date: | 1/1/61 0:00:00 | Facility Type: | B. COMMERCIAL/INDUSTRIAL |
| Unique Tank ID: | 4.00 | Owner Tank ID: | E4 |
| Operator: | Not reported | | |
| Operator Address: | Not reported | | |
| Owner: | MERIDITH PAVING CORPORATION | | |
| Owner Address: | P O BOX 267 RIVERTON, NJ 08077 | | |
| Tank Capacity: | 4000.00 Gallons | | |
| Tank Contents: | B. UNLEADED GASOLINE | | |
| Tank Construction: | A. BARE STEEL | | |
| Tank Structure: | A. SINGLE WALL | | |
| Pipe Contents: | A. BARE STEEL | | |
| Pipe Structure: | A. SINGLE WALL | | |
| Over Fill Products: | No | | |
| Spill Containment Around Fill Pipe: | No | | |
| Tank Status: | G. REMOVED 3/9/93 C92-4940 | | |
| Date Tank Removed: | Not reported | | |
| Date Tank Abandoned in Place: | Not reported | | |
| Date Tank Taken Out of Service: | Not reported | | |
| Date of Tank Sale or Transfer: | Not reported | | |
| Tank Closure Number: | Not reported | | |
| Tank ISRA Number: | Not reported | | |
| Tank in Wellhead Protection Area: | Not reported | | |
| Is Facility in Compliance Rules: | 0 | | |

| | | | |
|-------------------------------------|-----------------------------------|------------------|--------------------------|
| Facility ID: | 0242543 | Facility Status: | Inactive |
| Install Date: | 1/1/61 0:00:00 | Facility Type: | B. COMMERCIAL/INDUSTRIAL |
| Unique Tank ID: | 5.00 | Owner Tank ID: | E5 |
| Operator: | Not reported | | |
| Operator Address: | Not reported | | |
| Owner: | MERIDITH PAVING CORPORATION | | |
| Owner Address: | P O BOX 267 RIVERTON, NJ 08077 | | |
| Tank Capacity: | 4000.00 Gallons | | |
| Tank Contents: | B. UNLEADED GASOLINE | | |
| Tank Construction: | A. BARE STEEL | | |
| Tank Structure: | A. SINGLE WALL | | |
| Pipe Contents: | A. BARE STEEL | | |
| Pipe Structure: | A. SINGLE WALL | | |
| Over Fill Products: | No | | |
| Spill Containment Around Fill Pipe: | No | | |
| Tank Status: | G. REMOVED 3/9/93 C92-4940 | | |
| Date Tank Removed: | Not reported | | |
| Date Tank Abandoned in Place: | Not reported | | |
| Date Tank Taken Out of Service: | Not reported | | |
| Date of Tank Sale or Transfer: | Not reported | | |
| Tank Closure Number: | Not reported | | |
| Tank ISRA Number: | Not reported | | |
| Tank in Wellhead Protection Area: | Not reported | | |
| Is Facility in Compliance Rules: | 0 | | |

DETAILED ORPHAN LISTING

| Site | Database(s) | EDR ID Number EPA ID Number |
|------|-------------|--------------------------------|
|------|-------------|--------------------------------|

MERIDITH PAVING CORPORATION (Continued)

U002156328

| | | | |
|-------------------------------------|-----------------------------|------------------|--------------------------|
| Facility ID: | 0242543 | Facility Status: | Inactive |
| Install Date: | 1/1/61 0:00:00 | Facility Type: | B. COMMERCIAL/INDUSTRIAL |
| Unique Tank ID: | 1.00 | Owner Tank ID: | E1 |
| Operator: | Not reported | | |
| Operator Address: | Not reported | | |
| Owner: | MERIDITH PAVING CORPORATION | | |
| Owner Address: | P O BOX 267 | | |
| | RIVERTON, NJ 08077 | | |
| Tank Capacity: | 3000.00 Gallons | | |
| Tank Contents: | B. UNLEADED GASOLINE | | |
| Tank Construction: | A. BARE STEEL | | |
| Tank Structure: | A. SINGLE WALL | | |
| Pipe Contents: | A. BARE STEEL | | |
| Pipe Structure: | A. SINGLE WALL | | |
| Over Fill Products: | No | | |
| Spill Containment Around Fill Pipe: | No | | |
| Tank Status: | G. REMOVED 3/9/93 C92-4942 | | |
| Date Tank Removed: | Not reported | | |
| Date Tank Abandoned in Place: | Not reported | | |
| Date Tank Taken Out of Service: | Not reported | | |
| Date of Tank Sale or Transfer: | Not reported | | |
| Tank Closure Number: | Not reported | | |
| Tank ISRA Number: | Not reported | | |
| Tank in Wellhead Protection Area: | Not reported | | |
| Is Facility in Compliance Rules: | 0 | | |

**NJDOT STRUCTURE 0316-156
PEDESTRIAN BRIDGE OVER RTE 130
CINNAMINSON TWP, NJ 08077**

**RCRIS-SQG 1000543198
FINDS NJD986617132**

RCRIS:
Owner: NJDOT
Contact: GEORGE PONTIKOS
(216) 744-5273
Record Date: 08/21/1991
Classification: Not reported
Used Oil Recyc: No
Violation Status: No violations found

**DELAWARE SOLID WASTE AUTH
RTE 20
GEORGETOWN DE, NJ 08103**

**RCRIS-SQG 1001027824
FINDS NJR000004309**

DETAILED ORPHAN LISTING

| Site | Database(s) | EDR ID Number EPA ID Number |
|------|-------------|--------------------------------|
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DELAWARE SOLID WASTE AUTH (Continued)

1001027824

RCRIS:
 Owner: UNKNOWN
 (201) 555-1212
 Contact: JOHN DOE
 (302) 878-3448
 Record Date: 05/26/1995
 Classification: Not reported
 Used Oil Recyc: No
 Violation Status: No violations found

FC KERBECK AND SONS
 RT 73
 PALMYRA, NJ 08065

FINDS 1000269484
 RCRIS-LQG NJD011588381

RCRIS:
 Owner: Not reported
 Contact: FRANK SCHULTZ
 (609) 829-8200
 Record Date: 09/30/1985
 Classification: Large Quantity Generator, Small Quantity Generator
 Used Oil Recyc: No
 Violation Status: Violation information exist

There are 3 violation record(s) reported at this site:

| Evaluation | Area of Violation | Date of Compliance |
|--|----------------------------|--------------------|
| Compliance Schedule Evaluation (CSE) | Generator-All Requirements | 12/31/1991 |
| | Generator-All Requirements | 12/31/1991 |
| Compliance Evaluation Inspection (CEI) | Generator-All Requirements | 12/31/1991 |
| | Generator-All Requirements | 12/31/1991 |
| | Generator-All Requirements | 12/31/1991 |
| | Generator-All Requirements | 12/31/1991 |

ATOMIC TIRE & AUTO SERVICE CO
 RTE 73
 PALMYRA, NJ 08065

FINDS 1000299132
 RCRIS-LQG NJD982280273

DETAILED ORPHAN LISTING

| Site | Database(s) | EDR ID Number EPA ID Number |
|------|-------------|--------------------------------|
|------|-------------|--------------------------------|

ATOMIC TIRE & AUTO SERVICE CO (Continued)

1000299132

RCRIS:

Owner: ATOMIC TIRE & AUTO
(212) 555-1212

Contact: TOM JOHANNI
(609) 665-6202

Record Date: 12/10/1987

Classification: Large Quantity Generator

Used Oil Recyc: No

Violation Status: No violations found

AMERADA HESS STA 30250
RTE 73 BLOCK 154 LOT 2.01
PALMYRA, NJ 08065

FINDS
RCRIS-LQG

1000352798
NJD000525758

RCRIS:

Owner: AMERADA HESS CORP
(732) 750-6000

Contact: TOM WHITTAKER
(732) 750-6225

Record Date: 01/13/1998

Classification: Large Quantity Generator

Used Oil Recyc: No

Violation Status: No violations found

FILLIT SAND & GRAVEL
ROUTE 73 SOUTH
PALMYRA, NJ 08065

SWF/LF

S104005647
N/A

LF:

| | |
|------------------------------------|------------------------------|
| Facility ID: 0327001448 | Facility Type: COMPOST |
| Status: NOT OPERATING | Facility Tel: (609) 261-5355 |
| Authorized Waste: Vegetative Waste | |

TACONY PALMYRA FLEA MRKT
ROUTE 73
PALMYRA, NJ 08065

SWF/LF

S104232487
N/A

LF:

| | |
|---|------------------------------|
| Facility ID: 0327001467 | Facility Type: SAN. LANDFILL |
| Status: TERMINATED | Facility Tel: (781) 461-1600 |
| Authorized Waste: Municipal (Household, Commercial and Institutional) | |

DETAILED ORPHAN LISTING

| Site | Database(s) | EDR ID Number EPA ID Number |
|---|-------------|--------------------------------|
| THE JET SET MARINE INC ROUTE 73 NORTH PALMYRA, NJ 08065 | UST | U000372777 N/A |

UST:

| | | | |
|-------------------------------------|-------------------------------------|------------------|--------------------------|
| Facility ID: | 0223562 | Facility Status: | Active |
| Install Date: | 1/1/66 0:00:00 | Facility Type: | B. Commercial/Industrial |
| Unique Tank ID: | 6.00 | Owner Tank ID: | 0006 |
| Operator: | Not reported | | |
| Operator Address: | Not reported | | |
| Owner: | DENNIS FRIDMANN | | |
| Owner Address: | ROUTE 73 NORTH PALMYRA, NJ 08065 | | |
| Tank Capacity: | 500.00 Gallons | | |
| Tank Contents: | F. WASTE OIL | | |
| Tank Construction: | A. BARE STEEL | | |
| Tank Structure: | A. SINGLE WALL | | |
| Pipe Contents: | A. BARE STEEL | | |
| Pipe Structure: | A. SINGLE WALL | | |
| Over Fill Products: | No | | |
| Spill Containment Around Fill Pipe: | No | | |
| Tank Status: | C. EMPTY 12 MONTHS OR MORE | | |
| Date Tank Removed: | Not reported | | |
| Date Tank Abandoned in Place: | Not reported | | |
| Date Tank Taken Out of Service: | Not reported | | |
| Date of Tank Sale or Transfer: | Not reported | | |
| Tank Closure Number: | Not reported | | |
| Tank ISRA Number: | Not reported | | |
| Tank in Wellhead Protection Area: | Not reported | | |
| Is Facility in Compliance Rules: | 0 | | |

DETAILED ORPHAN LISTING

| | | |
|-------------|--------------------|--|
| <u>Site</u> | <u>Database(s)</u> | <u>EDR ID Number</u> <u>EPA ID Number</u> |
|-------------|--------------------|--|

THE JET SET MARINE INC (Continued)

U000372777

| | |
|--|---|
| Facility ID: 0223562 | Facility Status: Active |
| Install Date: 1/1/66 0:00:00 | Facility Type: B. Commercial/Industrial |
| Unique Tank ID: 1.00 | Owner Tank ID: 0001 |
| Operator: Not reported | |
| Operator Address: Not reported | |
| Owner: DENNIS FRIDMANN | |
| Owner Address: ROUTE 73 NORTH | |
| | PALMYRA, NJ 08065 |
| Tank Capacity: 2000.00 Gallons | |
| Tank Contents: A. LEADED GASOLINE | |
| Tank Construction: A. BARE STEEL | |
| Tank Structure: A. SINGLE WALL | |
| Pipe Contents: A. BARE STEEL | |
| Pipe Structure: A. SINGLE WALL | |
| Over Fill Products: No | |
| Spill Containment Around Fill Pipe: No | |
| Tank Status: C. EMPTY 12 MONTHS OR MORE | |
| Date Tank Removed: Not reported | |
| Date Tank Abandoned in Place: Not reported | |
| Date Tank Taken Out of Service: Not reported | |
| Date of Tank Sale or Transfer: Not reported | |
| Tank Closure Number: Not reported | |
| Tank ISRA Number: Not reported | |
| Tank in Wellhead Protection Area: Not reported | |
| Is Facility in Compliance Rules: 0 | |

| | |
|--|---|
| Facility ID: 0223562 | Facility Status: Active |
| Install Date: 1/1/66 0:00:00 | Facility Type: B. Commercial/Industrial |
| Unique Tank ID: 3.00 | Owner Tank ID: 0003 |
| Operator: Not reported | |
| Operator Address: Not reported | |
| Owner: DENNIS FRIDMANN | |
| Owner Address: ROUTE 73 NORTH | |
| | PALMYRA, NJ 08065 |
| Tank Capacity: 2000.00 Gallons | |
| Tank Contents: A. LEADED GASOLINE | |
| Tank Construction: A. BARE STEEL | |
| Tank Structure: A. SINGLE WALL | |
| Pipe Contents: A. BARE STEEL | |
| Pipe Structure: A. SINGLE WALL | |
| Over Fill Products: No | |
| Spill Containment Around Fill Pipe: No | |
| Tank Status: C. EMPTY 12 MONTHS OR MORE | |
| Date Tank Removed: Not reported | |
| Date Tank Abandoned in Place: Not reported | |
| Date Tank Taken Out of Service: Not reported | |
| Date of Tank Sale or Transfer: Not reported | |
| Tank Closure Number: Not reported | |
| Tank ISRA Number: Not reported | |
| Tank in Wellhead Protection Area: Not reported | |
| Is Facility in Compliance Rules: 0 | |

DETAILED ORPHAN LISTING

| Site | Database(s) | EDR ID Number EPA ID Number |
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THE JET SET MARINE INC (Continued)

U000372777

| | | | |
|-------------------------------------|-------------------------------------|------------------|--------------------------|
| Facility ID: | 0223562 | Facility Status: | Active |
| Install Date: | 1/1/66 0:00:00 | Facility Type: | B. Commercial/Industrial |
| Unique Tank ID: | 4.00 | Owner Tank ID: | 0004 |
| Operator: | Not reported | | |
| Operator Address: | Not reported | | |
| Owner: | DENNIS FRIDMANN | | |
| Owner Address: | ROUTE 73 NORTH PALMYRA, NJ 08065 | | |
| Tank Capacity: | 2000.00 Gallons | | |
| Tank Contents: | A. LEADED GASOLINE | | |
| Tank Construction: | A. BARE STEEL | | |
| Tank Structure: | A. SINGLE WALL | | |
| Pipe Contents: | A. BARE STEEL | | |
| Pipe Structure: | A. SINGLE WALL | | |
| Over Fill Products: | No | | |
| Spill Containment Around Fill Pipe: | No | | |
| Tank Status: | C. EMPTY 12 MONTHS OR MORE | | |
| Date Tank Removed: | Not reported | | |
| Date Tank Abandoned in Place: | Not reported | | |
| Date Tank Taken Out of Service: | Not reported | | |
| Date of Tank Sale or Transfer: | Not reported | | |
| Tank Closure Number: | Not reported | | |
| Tank ISRA Number: | Not reported | | |
| Tank in Wellhead Protection Area: | Not reported | | |
| Is Facility in Compliance Rules: | 0 | | |

| | | | |
|-------------------------------------|-------------------------------------|------------------|--------------------------|
| Facility ID: | 0223562 | Facility Status: | Active |
| Install Date: | 1/1/66 0:00:00 | Facility Type: | B. Commercial/Industrial |
| Unique Tank ID: | 2.00 | Owner Tank ID: | 0002 |
| Operator: | Not reported | | |
| Operator Address: | Not reported | | |
| Owner: | DENNIS FRIDMANN | | |
| Owner Address: | ROUTE 73 NORTH PALMYRA, NJ 08065 | | |
| Tank Capacity: | 2000.00 Gallons | | |
| Tank Contents: | A. LEADED GASOLINE | | |
| Tank Construction: | A. BARE STEEL | | |
| Tank Structure: | A. SINGLE WALL | | |
| Pipe Contents: | A. BARE STEEL | | |
| Pipe Structure: | A. SINGLE WALL | | |
| Over Fill Products: | No | | |
| Spill Containment Around Fill Pipe: | No | | |
| Tank Status: | C. EMPTY 12 MONTHS OR MORE | | |
| Date Tank Removed: | Not reported | | |
| Date Tank Abandoned in Place: | Not reported | | |
| Date Tank Taken Out of Service: | Not reported | | |
| Date of Tank Sale or Transfer: | Not reported | | |
| Tank Closure Number: | Not reported | | |
| Tank ISRA Number: | Not reported | | |
| Tank in Wellhead Protection Area: | Not reported | | |
| Is Facility in Compliance Rules: | 0 | | |

DETAILED ORPHAN LISTING

| Site | Database(s) | EDR ID Number EPA ID Number |
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THE JET SET MARINE INC (Continued)

U000372777

| | | | |
|-------------------------------------|-------------------------------------|------------------|--------------------------|
| Facility ID: | 0223562 | Facility Status: | Active |
| Install Date: | 1/1/66 0:00:00 | Facility Type: | B. Commercial/Industrial |
| Unique Tank ID: | 7.00 | Owner Tank ID: | 0007 |
| Operator: | Not reported | | |
| Operator Address: | Not reported | | |
| Owner: | DENNIS FRIDMANN | | |
| Owner Address: | ROUTE 73 NORTH PALMYRA, NJ 08065 | | |
| Tank Capacity: | 1000.00 Gallons | | |
| Tank Contents: | F. WASTE OIL | | |
| Tank Construction: | A. BARE STEEL | | |
| Tank Structure: | A. SINGLE WALL | | |
| Pipe Contents: | A. BARE STEEL | | |
| Pipe Structure: | A. SINGLE WALL | | |
| Over Fill Products: | No | | |
| Spill Containment Around Fill Pipe: | No | | |
| Tank Status: | C. EMPTY 12 MONTHS OR MORE | | |
| Date Tank Removed: | Not reported | | |
| Date Tank Abandoned in Place: | Not reported | | |
| Date Tank Taken Out of Service: | Not reported | | |
| Date of Tank Sale or Transfer: | Not reported | | |
| Tank Closure Number: | Not reported | | |
| Tank ISRA Number: | Not reported | | |
| Tank in Wellhead Protection Area: | Not reported | | |
| Is Facility in Compliance Rules: | 0 | | |

| | | | |
|-------------------------------------|-------------------------------------|------------------|--------------------------|
| Facility ID: | 0223562 | Facility Status: | Active |
| Install Date: | 1/1/66 0:00:00 | Facility Type: | B. Commercial/Industrial |
| Unique Tank ID: | 5.00 | Owner Tank ID: | 0005 |
| Operator: | Not reported | | |
| Operator Address: | Not reported | | |
| Owner: | DENNIS FRIDMANN | | |
| Owner Address: | ROUTE 73 NORTH PALMYRA, NJ 08065 | | |
| Tank Capacity: | 2000.00 Gallons | | |
| Tank Contents: | E. MEDIUM DIESEL FUEL (NO. 2-D) | | |
| Tank Construction: | A. BARE STEEL | | |
| Tank Structure: | A. SINGLE WALL | | |
| Pipe Contents: | A. BARE STEEL | | |
| Pipe Structure: | A. SINGLE WALL | | |
| Over Fill Products: | No | | |
| Spill Containment Around Fill Pipe: | No | | |
| Tank Status: | C. EMPTY 12 MONTHS OR MORE | | |
| Date Tank Removed: | Not reported | | |
| Date Tank Abandoned in Place: | Not reported | | |
| Date Tank Taken Out of Service: | Not reported | | |
| Date of Tank Sale or Transfer: | Not reported | | |
| Tank Closure Number: | Not reported | | |
| Tank ISRA Number: | Not reported | | |
| Tank in Wellhead Protection Area: | Not reported | | |
| Is Facility in Compliance Rules: | 0 | | |

DETAILED ORPHAN LISTING

| Site | Database(s) | EDR ID Number EPA ID Number |
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THE JET SET MARINE INC (Continued)

U000372777

| | | | |
|-------------------------------------|-------------------------------------|------------------|--------------------------|
| Facility ID: | 0223562 | Facility Status: | Active |
| Install Date: | 1/1/66 0:00:00 | Facility Type: | B. Commercial/Industrial |
| Unique Tank ID: | 8.00 | Owner Tank ID: | 0008 |
| Operator: | Not reported | | |
| Operator Address: | Not reported | | |
| Owner: | DENNIS FRIDMANN | | |
| Owner Address: | ROUTE 73 NORTH PALMYRA, NJ 08065 | | |
| Tank Capacity: | 500.00 Gallons | | |
| Tank Contents: | F. WASTE OIL | | |
| Tank Construction: | A. BARE STEEL | | |
| Tank Structure: | A. SINGLE WALL | | |
| Pipe Contents: | A. BARE STEEL | | |
| Pipe Structure: | A. SINGLE WALL | | |
| Over Fill Products: | No | | |
| Spill Containment Around Fill Pipe: | No | | |
| Tank Status: | C. EMPTY 12 MONTHS OR MORE | | |
| Date Tank Removed: | Not reported | | |
| Date Tank Abandoned in Place: | Not reported | | |
| Date Tank Taken Out of Service: | Not reported | | |
| Date of Tank Sale or Transfer: | Not reported | | |
| Tank Closure Number: | Not reported | | |
| Tank ISRA Number: | Not reported | | |
| Tank in Wellhead Protection Area: | Not reported | | |
| Is Facility in Compliance Rules: | 0 | | |

TEXACO S/S
STATE HWY 73
PALMYRA, NJ 08065

LUST

S101433194
N/A

LUST:

| | |
|--------------------------------|-------------------------------------|
| Facility ID: | 89-06-15-1225 |
| Facility Status: | Assigned to a Program |
| UST ID: | 0139755 |
| Lead Program Assigned to Case: | Bureau of Underground Storage Tanks |
| TMS Number: | Not reported |
| Remedial Level: | C2 |
| Case Manager: | EHF |
| Web Data Case Manager: | Not reported |

INSTANTWHIP PHILA. INC.
300 STATE HIGHWAY #73
PALMYRA, NJ 08065

UST

U000368794
N/A

DETAILED ORPHAN LISTING

| Site | Database(s) | EDR ID Number EPA ID Number |
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INSTANTWHIP PHILA. INC. (Continued)

U000368794

UST:

| | | | |
|-------------------------------------|---------------------------------|------------------|--------------------------|
| Facility ID: | 0180001 | Facility Status: | Inactive |
| Install Date: | 1/1/65 0:00:00 | Facility Type: | B. COMMERCIAL/INDUSTRIAL |
| Unique Tank ID: | 1.00 | Owner Tank ID: | 0001 |
| Operator: | TOM WILLARD | | |
| Operator Address: | Not reported | | |
| Owner: | INSTANTSHIP PHILA. INC. | | |
| Owner Address: | PO BOX 48 | | |
| | PALMYRA, NJ 08065 | | |
| Tank Capacity: | 2000.00 Gallons | | |
| Tank Contents: | E. MEDIUM DIESEL FUEL (NO: 2-D) | | |
| Tank Construction: | A. BARE STEEL | | |
| Tank Structure: | A. SINGLE WALL | | |
| Pipe Contents: | A. BARE STEEL | | |
| Pipe Structure: | A. SINGLE WALL | | |
| Over Fill Products: | No | | |
| Spill Containment Around Fill Pipe: | No | | |
| Tank Status: | G. Removed | | |
| Date Tank Removed: | Not reported | | |
| Date Tank Abandoned in Place: | Not reported | | |
| Date Tank Taken Out of Service: | Not reported | | |
| Date of Tank Sale or Transfer: | Not reported | | |
| Tank Closure Number: | Not reported | | |
| Tank ISRA Number: | Not reported | | |
| Tank in Wellhead Protection Area: | Not reported | | |
| Is Facility in Compliance Rules: | 0 | | |

FORD MOTOR CO DELAWARE VALLEY
RTE 130
PENNSAUKEN, NJ 08110

FINDS 1000183573
RCRIS-LQG NJD069037307

RCRIS:

Owner: Not reported

Contact: GEORGE F MUSCAT
(609) 663-2100

Record Date: 08/27/1984

Classification: Large Quantity Generator

Used Oil Recyc: No

Violation Status: No violations found

PUMPING STATION
41ST & CHESTNUT STS
PENNSAUKEN, NJ 08110

UST

U000352857
N/A

DETAILED ORPHAN LISTING

| | | |
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| Site | Database(s) | EDR ID Number EPA ID Number |
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PUMPING STATION (Continued)

U000352857

UST:

| | | | |
|-------------------------------------|---------------------------------------|------------------|---------------------|
| Facility ID: | 0006392 | Facility Status: | Inactive |
| Install Date: | 1/1/57 0:00:00 | Facility Type: | C. County/Municipal |
| Unique Tank ID: | 1.00 | Owner Tank ID: | E1 |
| Operator: | Not reported | | |
| Operator Address: | Not reported | | |
| Owner: | PENNSAUKEN SEWERAGE AUTHORITY | | |
| Owner Address: | 6705 PARK AVE PENNSAUKEN, NJ 08110 | | |
| Tank Capacity: | 0.00 Gallons | | |
| Tank Contents: | D. LIGHT DIESEL FUEL (NO. 1-D) | | |
| Tank Construction: | H. OTHER: UNKNOWN H. OTHER: UNKNOWN | | |
| Tank Structure: | A. SINGLE WALL C. OTHER: UNKNOWN | | |
| Pipe Contents: | H. OTHER | | |
| Pipe Structure: | Not reported | | |
| Over Fill Products: | No | | |
| Spill Containment Around Fill Pipe: | No | | |
| Tank Status: | G. REMOVED 12/21/89 | | |
| Date Tank Removed: | Not reported | | |
| Date Tank Abandoned in Place: | Not reported | | |
| Date Tank Taken Out of Service: | Not reported | | |
| Date of Tank Sale or Transfer: | Not reported | | |
| Tank Closure Number: | Not reported | | |
| Tank ISRA Number: | Not reported | | |
| Tank in Wellhead Protection Area: | Not reported | | |
| Is Facility in Compliance Rules: | 0 | | |

DELAWARE RIVER PORT AUTH B ROS BETSY ROSS BRIDGE PENNSAUKEN, NJ 08110

FINDS 1000160446
RCRIS-LQG NJD981490584

RCRIS:

Owner: DELAWARE RIVER PORT AUTHORITY
(212) 555-1212

Contact: CATHERINE L BOWERS
(609) 963-6420

Record Date: 06/20/1986

Classification: Large Quantity Generator

BIENNIAL REPORTS:

Last Biennial Reporting Year: 1997

| Waste | Quantity (Lbs) | Waste | Quantity (Lbs) |
|-------|----------------|-------|----------------|
| D001 | 1250.00 | D002 | 41.00 |
| D006 | 35.00 | D007 | 1250.00 |
| D008 | 1250.00 | D035 | 1250.00 |

Used Oil Recyc: No

Violation Status: No violations found

DETAILED ORPHAN LISTING

| Site | Database(s) | EDR ID Number EPA ID Number |
|--|---|---------------------------------|
| DELAWARE RIVER PORT AUTHORITY BETSY ROSS BRIDGE PENNSAUKEN, NJ 08110 | NJ Release SHWS LUST NJ Spills UST | U002156527 N/A |
| NJ Release: Facility ID: 12815 Date Received: 07/29/1993 Location: Other Facility Phone: 609-963-6420 Date of Incident: 07/29/1993 Substance(s): GASOLINE Substance Type: Liquid A310 Letter: Yes Hazrds Material: Yes COMU: 0427 Amnt Released: UNKNOWN Release Type: Terminated Injuries: No Public Exposure: No Police at Scene: No Contamination of: Land Caller: Name: BILL WINKLEY Address: 27 BLEEKER ST MILBURN, NJ Telephone: 201-912-2428 Responsible Party: Name: Known Contact: BILL WINKLEY Address: BETSY ROSS BRIDGE PENNSAUKEN, NJ County: CAMDEN NJ Spill: Name: Not reported Telephone: Not reported Date: Not reported Local Municipality: Name: PENNSAUKEN TWP Telephone: 609-663-1234 Date: 07/29/1993 Other: Name: Not reported Telephone: Not reported Date: Not reported Incident: Name: Not reported Region: BFO-SA Date: 07/29/1993 ITM: T Incident Description: L.U.S.T. Wind Direction/Speed: Not reported Assistance Requested: No Date A310 Letter Printed: Not reported Date Local Authority Was Notified: Not reported Date Update: Not reported Date Report Faxed to Local Authority: Not reported Local Authority Notification Date 1: Not reported | Case Number: 93-7-29-1554-55 Operator: ROGER Nature of Incident: Facility Facility Type: Industrial Time of Incident: 15:00 Substance Identity: Known TCPA Chemical: No CAS Number: Not reported Ref. Code: 101 Release VE: Not reported Contained: Yes Facility Evacuation: No Public Evacuation: No Firemen at Scene: No Receiving Water: NONE Title: KILLAM ASSOCATES Company: DELAWARE RIVER PORT Title: CONSULT Telephone: 609-963-6420 Title: Not reported Time: Not reported Municipality Title: OPR 122 Time: 15:59 Title: Not reported Time: Not reported Referred To: DRPSR Telephone: Faxed Incident Time: Not reported | |

DETAILED ORPHAN LISTING

| Site | Database(s) | EDR ID Number EPA ID Number |
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DELAWARE RIVER PORT AUTHORITY (Continued)

U002156527

Local Authority Notification Date 2: Not reported
 Local Authority Notification Date 3: Not reported
 Status at Spill: 1-4,000 GALS UST REMOVED SOIL CONTAMINATION DISCOVERED CLEAN UP IS IN
 PROGRESS.
 Comments: Not reported

SHWS:

| | | | |
|------------------|--------------|--------------|------------|
| Facility ID: | NJD981490584 | Case ID: | 0244613 |
| Case Status: | ACTIVE | Status Date: | 07/27/1994 |
| Contact: | BUST | | |
| Facility Status: | OPEN | | |
| CEA/DER: | Not reported | | |

LUST:

Facility ID: 93-07-29-1554
 Facility Status: Assigned to a Program
 UST ID: 0244613
 Lead Program Assigned to Case: Bureau of Underground Storage Tanks
 TMS Number: C93-1145; C93-1146; C93-1148; C93-1147
 Remedial Level: C2
 Case Manager: DA
 Web Data Case Manager: Not reported

NJ Spill:

| | | | |
|-------------------|--------------|----------------------|-----------------|
| Facility ID: | 12815 | Case Number: | 93-7-29-1554-55 |
| Date Received: | 07/29/1993 | Operator: | ROGER |
| Location: | Other | Nature of Incident: | Facility |
| Facility Phone: | 609-963-6420 | Facility Type: | Industrial |
| Date of Incident: | 07/29/1993 | Time of Incident: | 15:00 |
| Substance(s): | GASOLINE | | |
| Substance Type: | Liquid | Substance Identity: | Known |
| A310 Letter: | Yes | TCPA Chemical: | No |
| Hazrds Material: | Yes | CAS Number: | Not reported |
| COMU: | 0427 | Ref. Code: | 101 |
| Amnt Released: | UNKNOWN | Release VE: | Not reported |
| Release Type: | Terminated | Contained: | Yes |
| Injuries: | No | Facility Evacuation: | No |
| Public Exposure: | No | Public Evacuation: | No |
| Police at Scene: | No | Firemen at Scene: | No |
| Contamination of: | Land | Receiving Water: | NONE |

Caller:

| | | | |
|----------|------------------------------|--------|-------------------|
| Name: | BILL WINKLEY | Title: | KILLAM ASSOCIATES |
| Address: | 27 BLEEKER ST MILBURN, NJ | | |
| Phone: | 201-912-2428 | | |

Responsible Party:

| | | | |
|----------|-------------------------------------|----------|---------------------|
| Name: | Known | Company: | DELAWARE RIVER PORT |
| Contact: | BILL WINKLEY | Title: | CONSULT |
| Address: | BETSY ROSS BRIDGE PENNSAUKEN, NJ | | |
| County: | CAMDEN | | |

NJ Spill:

| | | | |
|--------|--------------|--------|--------------|
| Name: | Not reported | Title: | Not reported |
| Phone: | Not reported | | |
| Date: | Not reported | Time: | Not reported |

Local Municipality:

| | | | |
|--------|----------------|--------|---------|
| Name: | PENNSAUKEN TWP | Title: | OPR 122 |
| Phone: | 609-663-1234 | | |

DETAILED ORPHAN LISTING

| Site | Database(s) | EDR ID Number EPA ID Number |
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DELAWARE RIVER PORT AUTHORITY (Continued)

U002156527

| | | | |
|---------------------------------------|---|----------------|--------------|
| Date: | 07/29/1993 | Time: | 15:59 |
| Other: | | | |
| Name: | Not reported | Title: | Not reported |
| Phone: | Not reported | | |
| Date: | Not reported | Time: | Not reported |
| Incident: | | | |
| Name: | Not reported | Referred To: | DRPSR |
| Region: | BFO-SA | Telephone: | Faxed |
| Date: | 07/29/1993 | Incident Time: | Not reported |
| ITM: | T | | |
| Incident Description: | L.U.S.T. | | |
| Wind Direction/Speed: | Not reported | | |
| Assistance Requested: | No | | |
| Date A310 Letter Printed: | Not reported | | |
| Date Local Authority Was Notified: | Not reported | | |
| Date Update: | Not reported | | |
| Date Report Faxed to Local Authority: | Not reported | | |
| Local Authority Notification Date 1: | Not reported | | |
| Local Authority Notification Date 2: | Not reported | | |
| Local Authority Notification Date 3: | Not reported | | |
| Status at Spill: | 1-4,000 GALS UST REMOVED SOIL CONTAMINATION DISCOVERED CLEAN UP IS IN PROGRESS. | | |
| Comments: | Not reported | | |

UST:

| | | | |
|-------------------------------------|-------------------------------------|------------------|----------|
| Facility ID: | 0244613 | Facility Status: | Active |
| Install Date: | 1/1/70 0:00:00 | Facility Type: | A. State |
| Unique Tank ID: | 4.00 | Owner Tank ID: | E004 |
| Operator: | BRIDGE MANAGER | | |
| Operator Address: | Not reported | | |
| Owner: | DELAWARE RIVER PORT AUTHORITY | | |
| Owner Address: | ONE PORT CENTER CAMDEN, NJ 08101 | | |
| Tank Capacity: | 8000.00 Gallons | | |
| Tank Contents: | H. HOME HEATING OIL (NO. 2) | | |
| Tank Construction: | B. CATHODICALLY PROTECTED STEEL | | |
| Tank Structure: | A. SINGLE WALL | | |
| Pipe Contents: | A. BARE STEEL | | |
| Pipe Structure: | A. SINGLE WALL | | |
| Over Fill Products: | No | | |
| Spill Containment Around Fill Pipe: | No | | |
| Tank Status: | G. REMOVED | | |
| Date Tank Removed: | Not reported | | |
| Date Tank Abandoned in Place: | Not reported | | |
| Date Tank Taken Out of Service: | Not reported | | |
| Date of Tank Sale or Transfer: | Not reported | | |
| Tank Closure Number: | Not reported | | |
| Tank ISRA Number: | Not reported | | |
| Tank in Wellhead Protection Area: | Not reported | | |
| Is Facility in Compliance Rules: | 1 | | |

DETAILED ORPHAN LISTING

| Site | Database(s) | EDR ID Number | EPA ID Number |
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DELAWARE RIVER PORT AUTHORITY (Continued)

U002156527

| | | | |
|-------------------------------------|-------------------------------------|------------------|----------|
| Facility ID: | 0244613 | Facility Status: | Active |
| Install Date: | 1/1/77 0:00:00 | Facility Type: | A. State |
| Unique Tank ID: | 1.00 | Owner Tank ID: | E001 |
| Operator: | BRIDGE MANAGER | | |
| Operator Address: | Not reported | | |
| Owner: | DELAWARE RIVER PORT AUTHORITY | | |
| Owner Address: | ONE PORT CENTER CAMDEN, NJ 08101 | | |
| Tank Capacity: | 10000.00 Gallons | | |
| Tank Contents: | B. UNLEADED GASOLINE | | |
| Tank Construction: | D. FIBERGLASS-REINFORCED PLASTIC | | |
| Tank Structure: | A. SINGLE WALL | | |
| Pipe Contents: | A. BARE STEEL | | |
| Pipe Structure: | A. SINGLE WALL | | |
| Over Fill Products: | No | | |
| Spill Containment Around Fill Pipe: | No | | |
| Tank Status: | G. REMOVED | | |
| Date Tank Removed: | Not reported | | |
| Date Tank Abandoned in Place: | Not reported | | |
| Date Tank Taken Out of Service: | Not reported | | |
| Date of Tank Sale or Transfer: | Not reported | | |
| Tank Closure Number: | Not reported | | |
| Tank ISRA Number: | Not reported | | |
| Tank in Wellhead Protection Area: | Not reported | | |
| Is Facility in Compliance Rules: | 1 | | |

| | | | |
|-------------------------------------|-------------------------------------|------------------|----------|
| Facility ID: | 0244613 | Facility Status: | Active |
| Install Date: | 1/1/72 0:00:00 | Facility Type: | A. State |
| Unique Tank ID: | 3.00 | Owner Tank ID: | E003 |
| Operator: | BRIDGE MANAGER | | |
| Operator Address: | Not reported | | |
| Owner: | DELAWARE RIVER PORT AUTHORITY | | |
| Owner Address: | ONE PORT CENTER CAMDEN, NJ 08101 | | |
| Tank Capacity: | 1000.00 Gallons | | |
| Tank Contents: | E. MEDIUM DIESEL FUEL (NO. 2-D) | | |
| Tank Construction: | B. CATHODICALLY PROTECTED STEEL | | |
| Tank Structure: | A. SINGLE WALL | | |
| Pipe Contents: | A. BARE STEEL | | |
| Pipe Structure: | A. SINGLE WALL | | |
| Over Fill Products: | No | | |
| Spill Containment Around Fill Pipe: | No | | |
| Tank Status: | G. REMOVED | | |
| Date Tank Removed: | Not reported | | |
| Date Tank Abandoned in Place: | Not reported | | |
| Date Tank Taken Out of Service: | Not reported | | |
| Date of Tank Sale or Transfer: | Not reported | | |
| Tank Closure Number: | Not reported | | |
| Tank ISRA Number: | Not reported | | |
| Tank in Wellhead Protection Area: | Not reported | | |
| Is Facility in Compliance Rules: | 1 | | |

DETAILED ORPHAN LISTING

| Site | Database(s) | EDR ID Number EPA ID Number |
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DELAWARE RIVER PORT AUTHORITY (Continued)

U002156527

| | | | |
|-------------------------------------|-------------------------------------|------------------|----------|
| Facility ID: | 0244613 | Facility Status: | Active |
| Install Date: | 1/1/90 0:00:00 | Facility Type: | A. State |
| Unique Tank ID: | 6.00 | Owner Tank ID: | E006 |
| Operator: | BRIDGE MANAGER | | |
| Operator Address: | Not reported | | |
| Owner: | DELAWARE RIVER PORT AUTHORITY | | |
| Owner Address: | ONE PORT CENTER CAMDEN, NJ 08101 | | |
| Tank Capacity: | 9000.00 Gallons | | |
| Tank Contents: | B. Unleaded Gasoline | | |
| Tank Construction: | B. Cathodically protected steel | | |
| Tank Structure: | B. DOUBLE WALL | | |
| Pipe Contents: | D. Fiberglass-reinforced plastic | | |
| Pipe Structure: | B. DOUBLE WALL | | |
| Over Fill Products: | Yes | | |
| Spill Containment Around Fill Pipe: | Yes | | |
| Tank Status: | A. IN-USE | | |
| Date Tank Removed: | Not reported | | |
| Date Tank Abandoned in Place: | Not reported | | |
| Date Tank Taken Out of Service: | Not reported | | |
| Date of Tank Sale or Transfer: | Not reported | | |
| Tank Closure Number: | Not reported | | |
| Tank ISRA Number: | Not reported | | |
| Tank in Wellhead Protection Area: | Not reported | | |
| Is Facility in Compliance Rules: | 1 | | |

| | | | |
|-------------------------------------|-------------------------------------|------------------|----------|
| Facility ID: | 0244613 | Facility Status: | Active |
| Install Date: | 1/1/90 0:00:00 | Facility Type: | A. State |
| Unique Tank ID: | 7.00 | Owner Tank ID: | E007 |
| Operator: | BRIDGE MANAGER | | |
| Operator Address: | Not reported | | |
| Owner: | DELAWARE RIVER PORT AUTHORITY | | |
| Owner Address: | ONE PORT CENTER CAMDEN, NJ 08101 | | |
| Tank Capacity: | 3000.00 Gallons | | |
| Tank Contents: | E. Medium Diesel Fuel (No. 2-D) | | |
| Tank Construction: | B. CATHODICALLY PROTECTED STEEL | | |
| Tank Structure: | B. DOUBLE WALL | | |
| Pipe Contents: | D. Fiberglass-reinforced plastic | | |
| Pipe Structure: | B. DOUBLE WALL | | |
| Over Fill Products: | Yes | | |
| Spill Containment Around Fill Pipe: | Yes | | |
| Tank Status: | A. IN-USE | | |
| Date Tank Removed: | Not reported | | |
| Date Tank Abandoned in Place: | Not reported | | |
| Date Tank Taken Out of Service: | Not reported | | |
| Date of Tank Sale or Transfer: | Not reported | | |
| Tank Closure Number: | Not reported | | |
| Tank ISRA Number: | Not reported | | |
| Tank in Wellhead Protection Area: | Not reported | | |
| Is Facility in Compliance Rules: | 1 | | |

DETAILED ORPHAN LISTING

| Site | Database(s) | EDR ID Number EPA ID Number |
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DELAWARE RIVER PORT AUTHORITY (Continued)

U002156527

| | | | |
|-------------------------------------|-------------------------------------|------------------|----------|
| Facility ID: | 0244613 | Facility Status: | Active |
| Install Date: | 1/1/72 0:00:00 | Facility Type: | A. State |
| Unique Tank ID: | 2.00 | Owner Tank ID: | E002 |
| Operator: | BRIDGE MANAGER | | |
| Operator Address: | Not reported | | |
| Owner: | DELAWARE RIVER PORT AUTHORITY | | |
| Owner Address: | ONE PORT CENTER CAMDEN, NJ 08101 | | |
| Tank Capacity: | 4000.00 Gallons | | |
| Tank Contents: | B. UNLEADED GASOLINE | | |
| Tank Construction: | B. CATHODICALLY PROTECTED STEEL | | |
| Tank Structure: | A. SINGLE WALL | | |
| Pipe Contents: | A. BARE STEEL | | |
| Pipe Structure: | A. SINGLE WALL | | |
| Over Fill Products: | No | | |
| Spill Containment Around Fill Pipe: | No | | |
| Tank Status: | G. REMOVED | | |
| Date Tank Removed: | Not reported | | |
| Date Tank Abandoned in Place: | Not reported | | |
| Date Tank Taken Out of Service: | Not reported | | |
| Date of Tank Sale or Transfer: | Not reported | | |
| Tank Closure Number: | Not reported | | |
| Tank ISRA Number: | Not reported | | |
| Tank in Wellhead Protection Area: | Not reported | | |
| Is Facility in Compliance Rules: | 1 | | |

| | | | |
|-------------------------------------|-------------------------------------|------------------|----------|
| Facility ID: | 0244613 | Facility Status: | Active |
| Install Date: | 1/1/70 0:00:00 | Facility Type: | A. State |
| Unique Tank ID: | 5.00 | Owner Tank ID: | E005 |
| Operator: | BRIDGE MANAGER | | |
| Operator Address: | Not reported | | |
| Owner: | DELAWARE RIVER PORT AUTHORITY | | |
| Owner Address: | ONE PORT CENTER CAMDEN, NJ 08101 | | |
| Tank Capacity: | 8000.00 Gallons | | |
| Tank Contents: | H. HOME HEATING OIL (NO. 2) | | |
| Tank Construction: | B. CATHODICALLY PROTECTED STEEL | | |
| Tank Structure: | A. SINGLE WALL | | |
| Pipe Contents: | A. BARE STEEL | | |
| Pipe Structure: | A. SINGLE WALL | | |
| Over Fill Products: | No | | |
| Spill Containment Around Fill Pipe: | No | | |
| Tank Status: | G. REMOVED | | |
| Date Tank Removed: | Not reported | | |
| Date Tank Abandoned in Place: | Not reported | | |
| Date Tank Taken Out of Service: | Not reported | | |
| Date of Tank Sale or Transfer: | Not reported | | |
| Tank Closure Number: | Not reported | | |
| Tank ISRA Number: | Not reported | | |
| Tank in Wellhead Protection Area: | Not reported | | |
| Is Facility in Compliance Rules: | 1 | | |

DETAILED ORPHAN LISTING

| Site | Database(s) | EDR ID Number EPA ID Number |
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WHITESELL ENTERPRISES (Continued)

U000361945

| | | | |
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| Facility ID: | 0125462 | Facility Status: | Inactive |
| Install Date: | 1/1/81 0:00:00 | Facility Type: | B. COMMERCIAL/INDUSTRIAL |
| Unique Tank ID: | 3.00 | Owner Tank ID: | E3 |
| Operator: | Not reported | | |
| Operator Address: | Not reported | | |
| Owner: | WHITESELL ENTERPRISES | | |
| Owner Address: | P.O. BOX 5005 ATTN: SUE KALAROBIC MT LAUREL, NJ 08054 | | |
| Tank Capacity: | 10000.00 Gallons | | |
| Tank Contents: | H. HOME HEATING OIL (NO. 2) | | |
| Tank Construction: | B. CATHODICALLY PROTECTED STEEL | | |
| Tank Structure: | A. SINGLE WALL | | |
| Pipe Contents: | B. CATHODICALLY PROTECTED STEEL | | |
| Pipe Structure: | A. SINGLE WALL | | |
| Over Fill Products: | Yes | | |
| Spill Containment Around Fill Pipe: | No | | |
| Tank Status: | G. REMOVED 6/2/94 C94-0626 | | |
| Date Tank Removed: | Not reported | | |
| Date Tank Abandoned in Place: | Not reported | | |
| Date Tank Taken Out of Service: | Not reported | | |
| Date of Tank Sale or Transfer: | Not reported | | |
| Tank Closure Number: | Not reported | | |
| Tank ISRA Number: | Not reported | | |
| Tank in Wellhead Protection Area: | Not reported | | |
| Is Facility in Compliance Rules: | 0 | | |

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|-------------------------------------|---|------------------|--------------------------|
| Facility ID: | 0125462 | Facility Status: | Inactive |
| Install Date: | 1/1/44 0:00:00 | Facility Type: | B. COMMERCIAL/INDUSTRIAL |
| Unique Tank ID: | 5.00 | Owner Tank ID: | E5 |
| Operator: | Not reported | | |
| Operator Address: | Not reported | | |
| Owner: | WHITESELL ENTERPRISES | | |
| Owner Address: | P.O. BOX 5005 ATTN: SUE KALAROBIC MT LAUREL, NJ 08054 | | |
| Tank Capacity: | 550.00 Gallons | | |
| Tank Contents: | E. Medium Diesel Fuel (No. 2-D) | | |
| Tank Construction: | A. BARE STEEL | | |
| Tank Structure: | A. Single Wall | | |
| Pipe Contents: | A. Bare Steel | | |
| Pipe Structure: | A. Single Wall | | |
| Over Fill Products: | No | | |
| Spill Containment Around Fill Pipe: | No | | |
| Tank Status: | G. Removed | | |
| Date Tank Removed: | Not reported | | |
| Date Tank Abandoned in Place: | Not reported | | |
| Date Tank Taken Out of Service: | Not reported | | |
| Date of Tank Sale or Transfer: | Not reported | | |
| Tank Closure Number: | Not reported | | |
| Tank ISRA Number: | Not reported | | |
| Tank in Wellhead Protection Area: | Not reported | | |
| Is Facility in Compliance Rules: | 0 | | |

DETAILED ORPHAN LISTING

| Site | Database(s) | EDR ID Number EPA ID Number |
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| MCLEAN PACKAGING CORP 1000 TL BUSCH MEMORIAL HWY PENNSAUKEN, NJ 08110 | UST | U003404426 N/A |
| UST: | | |
| Facility ID: 0326144 | Facility Status: Active | |
| Install Date: 1/1/44 0:00:00 | Facility Type: B. Commercial/Industrial | |
| Unique Tank ID: 1.00 | Owner Tank ID: 1 | |
| Operator: | Not reported | |
| Operator Address: | Not reported | |
| Owner: | MCLEAN PACKAGING CORP | |
| Owner Address: | SALMON & TIOGA STS PHILADELPHIA, PA 19134 | |
| Tank Capacity: | 10000.00 Gallons | |
| Tank Contents: | E. Medium Diesel Fuel (No. 2-D) | |
| Tank Construction: | A. BARE STEEL | |
| Tank Structure: | A. SINGLE WALL | |
| Pipe Contents: | A. BARE STEEL | |
| Pipe Structure: | A. SINGLE WALL | |
| Over Fill Products: | No | |
| Spill Containment Around Fill Pipe: | No | |
| Tank Status: | A. IN-USE | |
| Date Tank Removed: | Not reported | |
| Date Tank Abandoned in Place: | Not reported | |
| Date Tank Taken Out of Service: | Not reported | |
| Date of Tank Sale or Transfer: | Not reported | |
| Tank Closure Number: | Not reported | |
| Tank ISRA Number: | Not reported | |
| Tank in Wellhead Protection Area: | Not reported | |
| Is Facility in Compliance Rules: | 0 | |
| <hr/> | | |
| SOPP AMERICA INC 400 GRIFFITH MORGAN LANE PENNSAUKEN, NJ 08110 | UST | U003105913 N/A |

DETAILED ORPHAN LISTING

| Site | Database(s) | EDR ID Number EPA ID Number |
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SOPP AMERICA INC (Continued)

U003105913

UST:

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|-------------------------------------|--|------------------|--------------------------|
| Facility ID: | 0239817 | Facility Status: | Active |
| Install Date: | 1/1/74 0:00:00 | Facility Type: | B. Commercial/Industrial |
| Unique Tank ID: | 2.00 | Owner Tank ID: | E2 |
| Operator: | DIETER MANV PRES | | |
| Operator Address: | Not reported | | |
| Owner: | SOPP AMERICA INC | | |
| Owner Address: | 400 GRIFFITH MORGAN RD PENNSAUKEN, NJ 08110 | | |
| Tank Capacity: | 10000.00 Gallons | | |
| Tank Contents: | J. HEATING OIL (NO. 4) | | |
| Tank Construction: | A. BARE STEEL | | |
| Tank Structure: | A. SINGLE WALL | | |
| Pipe Contents: | A. BARE STEEL | | |
| Pipe Structure: | A. SINGLE WALL | | |
| Over Fill Products: | No | | |
| Spill Containment Around Fill Pipe: | No | | |
| Tank Status: | G. REMOVED | | |
| Date Tank Removed: | Not reported | | |
| Date Tank Abandoned in Place: | Not reported | | |
| Date Tank Taken Out of Service: | Not reported | | |
| Date of Tank Sale or Transfer: | Not reported | | |
| Tank Closure Number: | Not reported | | |
| Tank ISRA Number: | Not reported | | |
| Tank in Wellhead Protection Area: | Not reported | | |
| Is Facility in Compliance Rules: | 0 | | |

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|-------------------------------------|--|------------------|--------------------------|
| Facility ID: | 0239817 | Facility Status: | Active |
| Install Date: | 1/1/74 0:00:00 | Facility Type: | B. Commercial/Industrial |
| Unique Tank ID: | 3.00 | Owner Tank ID: | E3 |
| Operator: | DIETER MANV PRES | | |
| Operator Address: | Not reported | | |
| Owner: | SOPP AMERICA INC | | |
| Owner Address: | 400 GRIFFITH MORGAN RD PENNSAUKEN, NJ 08110 | | |
| Tank Capacity: | 6000.00 Gallons | | |
| Tank Contents: | E. MEDIUM DIESEL FUEL (NO. 2-D) | | |
| Tank Construction: | A. BARE STEEL | | |
| Tank Structure: | A. SINGLE WALL | | |
| Pipe Contents: | A. BARE STEEL | | |
| Pipe Structure: | A. SINGLE WALL | | |
| Over Fill Products: | No | | |
| Spill Containment Around Fill Pipe: | No | | |
| Tank Status: | G. REMOVED | | |
| Date Tank Removed: | Not reported | | |
| Date Tank Abandoned in Place: | Not reported | | |
| Date Tank Taken Out of Service: | Not reported | | |
| Date of Tank Sale or Transfer: | Not reported | | |
| Tank Closure Number: | Not reported | | |
| Tank ISRA Number: | Not reported | | |
| Tank in Wellhead Protection Area: | Not reported | | |
| Is Facility in Compliance Rules: | 0 | | |

DETAILED ORPHAN LISTING

| Site | Database(s) | EDR ID Number EPA ID Number |
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SOPP AMERICA INC (Continued)

U003105913

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|-------------------------------------|--|------------------|--------------------------|
| Facility ID: | 0239817 | Facility Status: | Active |
| Install Date: | 1/1/74 0:00:00 | Facility Type: | B. Commercial/Industrial |
| Unique Tank ID: | 1.00 | Owner Tank ID: | E1 |
| Operator: | DIETER MANV PRES | | |
| Operator Address: | Not reported | | |
| Owner: | SOPP AMERICA INC | | |
| Owner Address: | 400 GRIFFITH MORGAN RD PENNSAUKEN, NJ 08110 | | |
| Tank Capacity: | 10000.00 Gallons | | |
| Tank Contents: | J. HEATING OIL (NO. 4) | | |
| Tank Construction: | A. Bare steel | | |
| Tank Structure: | A. Single Wall | | |
| Pipe Contents: | A. Bare Steel | | |
| Pipe Structure: | A. Single Wall | | |
| Over Fill Products: | No | | |
| Spill Containment Around Fill Pipe: | No | | |
| Tank Status: | A. In-use | | |
| Date Tank Removed: | Not reported | | |
| Date Tank Abandoned in Place: | Not reported | | |
| Date Tank Taken Out of Service: | Not reported | | |
| Date of Tank Sale or Transfer: | 2/25/99 0:00:00 | | |
| Tank Closure Number: | Not reported | | |
| Tank ISRA Number: | Not reported | | |
| Tank in Wellhead Protection Area: | Not reported | | |
| Is Facility in Compliance Rules: | 0 | | |

MCLEAN PACKAGING COMPANY
HILTON RD
PENNSAUKEN, NJ 08110

UST

U002157066
N/A

DETAILED ORPHAN LISTING

| Site | Database(s) | EDR ID Number EPA ID Number |
|--------------------------------------|-------------|--------------------------------|
| MCLEAN PACKAGING COMPANY (Continued) | | U002157066 |

UST:

| | | | |
|-------------------------------------|--|------------------|--------------------------|
| Facility ID: | 0250157 | Facility Status: | Inactive |
| Install Date: | 1/1/91 0:00:00 | Facility Type: | B. COMMERCIAL/INDUSTRIAL |
| Unique Tank ID: | 1.00 | Owner Tank ID: | 0001 |
| Operator: | Not reported | | |
| Operator Address: | Not reported | | |
| Owner: | MCLEAN PACKAGING CO | | |
| Owner Address: | 1000 BUSH MEMORIAL HWY PENNSAUKEN, NJ 08110 | | |
| Tank Capacity: | 10000.00 Gallons | | |
| Tank Contents: | D. LIGHT DIESEL FUEL (NO. 1-D) | | |
| Tank Construction: | A. BARE STEEL | | |
| Tank Structure: | A. SINGLE WALL | | |
| Pipe Contents: | A. BARE STEEL | | |
| Pipe Structure: | A. SINGLE WALL | | |
| Over Fill Products: | No | | |
| Spill Containment Around Fill Pipe: | No | | |
| Tank Status: | G. REMOVED | | |
| Date Tank Removed: | Not reported | | |
| Date Tank Abandoned in Place: | Not reported | | |
| Date Tank Taken Out of Service: | Not reported | | |
| Date of Tank Sale or Transfer: | Not reported | | |
| Tank Closure Number: | Not reported | | |
| Tank ISRA Number: | Not reported | | |
| Tank in Wellhead Protection Area: | Not reported | | |
| Is Facility in Compliance Rules: | 0 | | |

PROCTOR EXPRESS INC
4192 NATL HWY
PENNSAUKEN, NJ 08110

RCRIS-SQG 1000457186
FINDS NJD986597920

RCRIS:

Owner: Not reported
 Contact: Not reported
 Record Date: 12/31/1979
 Classification: Not reported
 Used Oil Recyc: No
 Violation Status: Violation information exist

There are 1 violation record(s) reported at this site:

Evaluation

Other Evaluation

Area of Violation

Generator-All Requirements

Date of

Compliance

WARD SAND AND MATERIALS
RIVER ROAD
PENNSAUKEN, NJ 08110

CERCLIS 1000481527
FINDS NJD000575266

CERCLIS Classification Data:

| | | | |
|-------------------------|------------------------|-------------------|------------------------|
| Site Incident Category: | Not reported | Federal Facility: | Not a Federal Facility |
| Ownership Status: | Unknown | NPL Status: | Not on the NPL |
| Contact: | MICHELE BRICE-ROBINSON | Contact Tel: | (212) 637-3300 |

DETAILED ORPHAN LISTING

| Site | Database(s) | EDR ID Number EPA ID Number |
|-------------------------------------|-----------------------------|--------------------------------|
| WARD SAND AND MATERIALS (Continued) | | 1000481527 |
| Contact: BOBBY DEASE | Contact Tel: (732) 906-6893 | |
| Contact: EUGENE DOMINACH | Contact Tel: (908) 321-6666 | |
| Contact: HONORA DROHAN | Contact Tel: (212) 637-4355 | |
| Contact: GLADYS LEYNES | Contact Tel: (212) 637-3301 | |
| Contact: MARK SAVEDOFF | Contact Tel: (732) 321-4341 | |
| Contact: MARK SAVEDOFF | Contact Tel: (908) 321-4341 | |
| CERCLIS Assessment History: | | |
| Assessment: DISCOVERY | Completed: 19900510 | |
| Assessment: PRELIMINARY ASSESSMENT | Completed: 19900621 | |
| Assessment: SITE INSPECTION | Completed: 19910328 | |
| CERCLIS Site Status: | | |
| High | | |
| CERCLIS Alias Name(s): | | |
| PENNSAUKEN SANITARY LANDFILL | | |

FORMER FORD AUTO PARTS FACILITY 8275 NJ STATE HWY 130 PENNSAUKEN, NJ 08110

UST

U002156564
N/A

UST:

| | |
|--|---|
| Facility ID: 0245027 | Facility Status: Inactive |
| Install Date: 1/1/61 0:00:00 | Facility Type: B. COMMERCIAL/INDUSTRIAL |
| Unique Tank ID: 1.00 | Owner Tank ID: 0001 |
| Operator: Not reported | |
| Operator Address: Not reported | |
| Owner: FORMER FORD AUTO PARTS FACILITY | |
| Owner Address: 8275 NJ STATE HWY 130 | |
| | PENNSAUKEN, NJ 08110 |
| Tank Capacity: 3000.00 Gallons | |
| Tank Contents: A. LEADED GASOLINE | |
| Tank Construction: A. BARE STEEL | |
| Tank Structure: A. SINGLE WALL | |
| Pipe Contents: A. BARE STEEL | |
| Pipe Structure: A. SINGLE WALL | |
| Over Fill Products: No | |
| Spill Containment Around Fill Pipe: No | |
| Tank Status: G. REMOVED | |
| Date Tank Removed: Not reported | |
| Date Tank Abandoned in Place: Not reported | |
| Date Tank Taken Out of Service: Not reported | |
| Date of Tank Sale or Transfer: Not reported | |
| Tank Closure Number: Not reported | |
| Tank ISRA Number: Not reported | |
| Tank in Wellhead Protection Area: Not reported | |
| Is Facility in Compliance Rules: 0 | |

DETAILED ORPHAN LISTING

| Site | Database(s) | EDR ID Number EPA ID Number |
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FORMER FORD AUTO PARTS FACILITY (Continued)

U002156564

| | | | |
|-------------------------------------|---|------------------|--------------------------|
| Facility ID: | 0245027 | Facility Status: | Inactive |
| Install Date: | 1/1/61 0:00:00 | Facility Type: | B. COMMERCIAL/INDUSTRIAL |
| Unique Tank ID: | 2.00 | Owner Tank ID: | 0002 |
| Operator: | Not reported | | |
| Operator Address: | Not reported | | |
| Owner: | FORMER FORD AUTO PARTS FACILITY | | |
| Owner Address: | 8275 NJ STATE HWY 130 PENNSAUKEN, NJ 08110 | | |
| Tank Capacity: | 3000.00 Gallons | | |
| Tank Contents: | A. LEADED GASOLINE | | |
| Tank Construction: | A. BARE STEEL | | |
| Tank Structure: | A. SINGLE WALL | | |
| Pipe Contents: | A. BARE STEEL | | |
| Pipe Structure: | A. SINGLE WALL | | |
| Over Fill Products: | No | | |
| Spill Containment Around Fill Pipe: | No | | |
| Tank Status: | G. REMOVED | | |
| Date Tank Removed: | Not reported | | |
| Date Tank Abandoned in Place: | Not reported | | |
| Date Tank Taken Out of Service: | Not reported | | |
| Date of Tank Sale or Transfer: | Not reported | | |
| Tank Closure Number: | Not reported | | |
| Tank ISRA Number: | Not reported | | |
| Tank in Wellhead Protection Area: | Not reported | | |
| Is Facility in Compliance Rules: | 0 | | |

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|-------------------------------------|---|------------------|--------------------------|
| Facility ID: | 0245027 | Facility Status: | Inactive |
| Install Date: | 1/1/61 0:00:00 | Facility Type: | B. COMMERCIAL/INDUSTRIAL |
| Unique Tank ID: | 3.00 | Owner Tank ID: | 0003 |
| Operator: | Not reported | | |
| Operator Address: | Not reported | | |
| Owner: | FORMER FORD AUTO PARTS FACILITY | | |
| Owner Address: | 8275 NJ STATE HWY 130 PENNSAUKEN, NJ 08110 | | |
| Tank Capacity: | 10000.00 Gallons | | |
| Tank Contents: | H. HOME HEATING OIL (NO. 2) | | |
| Tank Construction: | A. BARE STEEL | | |
| Tank Structure: | A. SINGLE WALL A. SINGLE WALL | | |
| Pipe Contents: | A. BARE STEEL | | |
| Pipe Structure: | A. SINGLE WALL | | |
| Over Fill Products: | No | | |
| Spill Containment Around Fill Pipe: | No | | |
| Tank Status: | G. REMOVED | | |
| Date Tank Removed: | Not reported | | |
| Date Tank Abandoned in Place: | Not reported | | |
| Date Tank Taken Out of Service: | Not reported | | |
| Date of Tank Sale or Transfer: | Not reported | | |
| Tank Closure Number: | Not reported | | |
| Tank ISRA Number: | Not reported | | |
| Tank in Wellhead Protection Area: | Not reported | | |
| Is Facility in Compliance Rules: | 0 | | |

DETAILED ORPHAN LISTING

| Site | Database(s) | EDR ID Number EPA ID Number |
|--|----------------------------|------------------------------------|
| NJDOT BRIDGE BLASTING PAINTING STRUCTURE 0413 150 152 RTE 70 PENNSAUKEN, NJ 08110 | RCRIS-SQG FINDS | 1001405050 NJR000027672 |
| RCRIS: | | |
| Owner: STATE OF NJ (609) 530-2975 | | |
| Contact: TIMOTHY STEINBEISER (609) 530-4293 | | |
| Record Date: 01/26/1999 | | |
| Classification: Small Quantity Generator | | |
| Used Oil Recyc: No | | |
| Violation Status: No violations found | | |
| NJDOT STRUCTURE 0422-158 RTE 130 RAMP E OVER RTE 130 NB PENNSAUKEN TWP, NJ 08110 | RCRIS-SQG FINDS | 1000543200 NJD986617157 |
| RCRIS: | | |
| Owner: NJDOT (609) 530-2103 | | |
| Contact: GEORGE PONTIKOS (216) 744-5273 | | |
| Record Date: 08/21/1991 | | |
| Classification: Not reported | | |
| Used Oil Recyc: No | | |
| Violation Status: No violations found | | |
| NJDOT STRUCTURE 0422-159 RTE 130 RAMP OVER DRPA RAMPS PENNSAUKEN TWP, NJ 08110 | RCRIS-SQG FINDS | 1000543201 NJD986617165 |
| RCRIS: | | |
| Owner: NJDOT (609) 530-2103 | | |
| Contact: GEORGE PONTIKOS (216) 744-5273 | | |
| Record Date: 08/21/1991 | | |
| Classification: Not reported | | |
| Used Oil Recyc: No | | |
| Violation Status: No violations found | | |

DETAILED ORPHAN LISTING

| Site | Database(s) | EDR ID Number EPA ID Number |
|--|----------------------------------|--|
| NJDOT STRUCTURE 0422-160 RTE 130 RAMP G OVER RTE 130 SB PENNSAUKEN TWP, NJ 08110 RCRIS: Owner: NJDOT (609) 530-2103 Contact: GEORGE PONTIKOS (216) 744-5273 Record Date: 08/21/1991 Classification: Not reported Used Oil Recyc: No Violation Status: No violations found | RCRIS-SQG FINDS | 1000543202 NJD986617173 |
| NJDOT STRUCTURE 0433-153 RTE 90 RAMP F OVER RTE 90 MP PENNSAUKEN TWP, NJ 08110 RCRIS: Owner: NJDOT (609) 530-2103 Contact: GEORGE PONTIKOS (216) 744-5273 Record Date: 08/21/1991 Classification: Not reported Used Oil Recyc: No Violation Status: No violations found | RCRIS-SQG FINDS | 1000543203 NJD986617181 |
| RED PHOSPHOROUS FIRE AT JUNKYARD ARAMINGO AVE. - NORTH SIDE OF PHILADELPHIA, PA 19134 CERCLIS Classification Data: Site Incident Category: Not reported Ownership Status: Not reported Contact: Tracking System Administrative Record CERCLIS Assessment History: Assessment: DISCOVERY CERCLIS Site Status: Not reported | CERCLIS FINDS | 1001230469 PA0002373108 |
| QUICK-WAY, INC. S.E. CNR BATH / ORTHODOX STS. PHILADELPHIA, PA 19137 Landfill Facility ID: 100973 Last Inspection Date: 03/05/97 Facility Type: RESIDENTIAL PROCESSING Operational Status: GOVERNMENT | SWF/LF | S103284101 N/A |

DETAILED ORPHAN LISTING

| Site | Database(s) | EDR ID Number EPA ID Number |
|--|------------------|--------------------------------|
| QUICK-WAY, INC.-INCINERATOR SE CRNER BATH / ORTHODOX STS PHILADELPHIA, PA 19137 Landfill Facility ID: 400388 Last Inspection Date: 06/29/88 Facility Type: MUNICIPAL INCINERATOR Operational Status: OTHER | SWF/LF | S103595776 N/A |
| WISSINOMING YACHT CLUB DEVERAUX & DELAWARE AVE PHILADELPHIA, PA 19135 UST: Owner Name: WISSINOMING YACHT CLUB Capacity: 3000 Tank Seq No: 001 Owner ID: 10240 Address: DEVERAUX & DELAWARE AVE PHILADELPHIA, PA 19135 Telephone: Not reported | UST | U003215228 N/A |
| MSO DRUM ER 7-1-96 .5 OFF STATE RD. PHILADELPHIA, PA 19135 CERCLIS Classification Data: Site Incident Category: Not reported Ownership Status: Unknown Contact: Tracking System Administrative Record Contact: ROBIN L FAUX Contact: WANDA JOHNSON Contact: LOIS A LAURIA Contact: LINDA M MARZULLI CERCLIS Assessment History: Assessment: DISCOVERY CERCLIS Site Status: Not reported | CERCLIS FINDS | 1001114778 PA0001426626 |
| KMA LEASING INC 2949 E TIOGA DELAWARE & TIOGA ST PHILADELPHIA, PA 19134 UST: Owner Name: KMA LEASING INC Capacity: 10000 Tank Seq No: 001 Owner ID: 19757 Address: 1342 N HOWARD ST PHILADELPHIA, PA 19122 Telephone: Not reported | UST | U001457528 N/A |

DETAILED ORPHAN LISTING

| Site | Database(s) | EDR ID Number EPA ID Number |
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KMA LEASING INC (Continued)

U001457528

Owner Name: KMA LEASING INC
Capacity: 10000
Tank Seq No: 002
Owner ID: 19757
Address: 1342 N HOWARD ST
PHILADELPHIA, PA 19122
Telephone: Not reported

Facility ID: 51-44532
Date Installed: 10/01/1981
Chemical: DIESEL
Tank ID: 102897

NATIONAL CASEIN BROAD ST RIVERTON, NJ 08077

CERC-NFRAP 1000259640
FINDS NJD002352029
RCRIS-LQG
TRIS
UST
TSCA

RCRIS:

Owner: Not reported

Contact: LESTER VINCENT
(609) 829-1880

Record Date: 08/12/1980

Classification: Large Quantity Generator, Hazardous Waste Transporter

Used Oil Recyc: No

Violation Status: No violations found

CERCLIS-NFRAP Classification Data:

Site Incident Category: Not reported

Federal Facility: Not a Federal Facility

Ownership Status: Other

NPL Status: Not on the NPL

Site Description: THE SITE OPERATES A GLUE MANUFACTURING FACILITY. PRIOR TO 10/82 THE WASTE WATER WAS PUMPED INTO 3 ONSITE EVAPORATION PONDS. CLOSURE PLAN HAS NOT BEGUN AND THE GLUE SLUDGE REMAINS IN THE LAGOONS. THE SITE OPERATES A GLUE MANUFACTURING FACILITY. PRIOR TO 10/82 THE WASTE WATER WAS PUMPED INTO 3 ONSITE EVAPORATION PONDS. CLOSURE PLAN HAS NOT BEGUN AND THE GLUE SLUDGE REMAINS IN THE LAGOONS.

CERCLIS-NFRAP Assessment History:

Assessment: DISCOVERY

Completed: 19840410

Assessment: PRELIMINARY ASSESSMENT

Completed: 19850531

Assessment: SITE INSPECTION

Completed: 19860929

Assessment: FORWARD PLANNING

Completed: Not reported

FINDS:

Other Pertinent Environmental Activity Identified at Site:

AIRS Facility System (AIRS/AFS)

DETAILED ORPHAN LISTING

| Site | Database(s) | EDR ID Number EPA ID Number |
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NATIONAL CASEIN (Continued)

1000259640

UST:

| | | | |
|-------------------------------------|---|------------------|--------------------------|
| Facility ID: | 0026750 | Facility Status: | Inactive |
| Install Date: | 1/1/62 0:00:00 | Facility Type: | B. COMMERCIAL/INDUSTRIAL |
| Unique Tank ID: | 2.00 | Owner Tank ID: | 2 |
| Operator: | Not reported | | |
| Operator Address: | Not reported | | |
| Owner: | NATIONAL CASEIN CO | | |
| Owner Address: | BROAD ST PO BOX 226 RIVERTON, NJ 08077 | | |
| Tank Capacity: | 0.00 Gallons | | |
| Tank Contents: | E. MEDIUM DIESEL FUEL (NO. 2-D) | | |
| Tank Construction: | A. BARE STEEL | | |
| Tank Structure: | A. SINGLE WALL A. SINGLE WALL | | |
| Pipe Contents: | A. BARE STEEL | | |
| Pipe Structure: | A. SINGLE WALL | | |
| Over Fill Products: | No | | |
| Spill Containment Around Fill Pipe: | No | | |
| Tank Status: | G. REMOVED DEC. 1987 | | |
| Date Tank Removed: | Not reported | | |
| Date Tank Abandoned in Place: | Not reported | | |
| Date Tank Taken Out of Service: | Not reported | | |
| Date of Tank Sale or Transfer: | Not reported | | |
| Tank Closure Number: | Not reported | | |
| Tank ISRA Number: | Not reported | | |
| Tank in Wellhead Protection Area: | Not reported | | |
| Is Facility in Compliance Rules: | 0 | | |

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|-------------------------------------|---|------------------|--------------------------|
| Facility ID: | 0026750 | Facility Status: | Inactive |
| Install Date: | 1/1/75 0:00:00 | Facility Type: | B. COMMERCIAL/INDUSTRIAL |
| Unique Tank ID: | 3.00 | Owner Tank ID: | 3 |
| Operator: | Not reported | | |
| Operator Address: | Not reported | | |
| Owner: | NATIONAL CASEIN CO | | |
| Owner Address: | BROAD ST PO BOX 226 RIVERTON, NJ 08077 | | |
| Tank Capacity: | 0.00 Gallons | | |
| Tank Contents: | H. HOME HEATING OIL (NO. 2) | | |
| Tank Construction: | A. BARE STEEL | | |
| Tank Structure: | A. SINGLE WALL A. SINGLE WALL | | |
| Pipe Contents: | A. BARE STEEL | | |
| Pipe Structure: | A. SINGLE WALL | | |
| Over Fill Products: | No | | |
| Spill Containment Around Fill Pipe: | No | | |
| Tank Status: | G. REMOVED DEC. 1987 | | |
| Date Tank Removed: | Not reported | | |
| Date Tank Abandoned in Place: | Not reported | | |
| Date Tank Taken Out of Service: | Not reported | | |
| Date of Tank Sale or Transfer: | Not reported | | |
| Tank Closure Number: | Not reported | | |
| Tank ISRA Number: | Not reported | | |
| Tank in Wellhead Protection Area: | Not reported | | |
| Is Facility in Compliance Rules: | 0 | | |

DETAILED ORPHAN LISTING

| Site | Database(s) | EDR ID Number EPA ID Number |
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NATIONAL CASEIN (Continued)

1000259640

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|-------------------------------------|--|------------------|--------------------------|
| Facility ID: | 0026750 | Facility Status: | Inactive |
| Install Date: | 1/1/79 0:00:00 | Facility Type: | B. COMMERCIAL/INDUSTRIAL |
| Unique Tank ID: | 1.00 | Owner Tank ID: | 1 |
| Operator: | Not reported | | |
| Operator Address: | Not reported | | |
| Owner: | NATIONAL CASEIN CO | | |
| Owner Address: | BROAD ST PO BOX 226 RIVERTON, NJ 08077 | | |
| Tank Capacity: | 12000.00 Gallons | | |
| Tank Contents: | P. OTHER HAZARDOUS SUBSTANCES: VA MONOMER | | |
| Tank Construction: | D. FIBERGLASS-REINFORCED PLASTIC B. CATHODICALLY PROTECTED STEEL | | |
| Tank Structure: | A. SINGLE WALL A. SINGLE WALL | | |
| Pipe Contents: | D. FIBERGLASS-REINFORCED PLASTIC B. CATHODICALLY PROTECTED STEEL | | |
| Pipe Structure: | A. SINGLE WALL | | |
| Over Fill Products: | Yes | | |
| Spill Containment Around Fill Pipe: | Yes | | |
| Tank Status: | G. Removed | | |
| Date Tank Removed: | Not reported | | |
| Date Tank Abandoned in Place: | Not reported | | |
| Date Tank Taken Out of Service: | Not reported | | |
| Date of Tank Sale or Transfer: | Not reported | | |
| Tank Closure Number: | Not reported | | |
| Tank ISRA Number: | Not reported | | |
| Tank in Wellhead Protection Area: | Not reported | | |
| Is Facility in Compliance Rules: | 0 | | |

TOWNSHIP OF CINNAMINSON
DEPT OF PUBLIC BLDGS & GROUNDS
RIVERTON & MANOR RDS, NJ 08077

UST

U000358868
N/A

DETAILED ORPHAN LISTING

| Site | Database(s) | EDR ID Number EPA ID Number |
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TOWNSHIP OF CINNAMINSON (Continued)

U000358868

UST:

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|-------------------------------------|---|------------------|---------------------|
| Facility ID: | 0085205 | Facility Status: | Inactive |
| Install Date: | 1/1/69 0:00:00 | Facility Type: | C. County/Municipal |
| Unique Tank ID: | 1.00 | Owner Tank ID: | E4 |
| Operator: | Not reported | | |
| Operator Address: | Not reported | | |
| Owner: | TOWNSHIP OF CINNAMINSON | | |
| Owner Address: | RIVERTON & MANOR RDS CINNAMINSON, NJ 08077 | | |
| Tank Capacity: | 1000.00 Gallons | | |
| Tank Contents: | H. HOME HEATING OIL (NO. 2) | | |
| Tank Construction: | A. BARE STEEL | | |
| Tank Structure: | A. SINGLE WALL | | |
| Pipe Contents: | A. BARE STEEL | | |
| Pipe Structure: | A. SINGLE WALL | | |
| Over Fill Products: | Yes | | |
| Spill Containment Around Fill Pipe: | No | | |
| Tank Status: | G. Removed | | |
| Date Tank Removed: | Not reported | | |
| Date Tank Abandoned in Place: | Not reported | | |
| Date Tank Taken Out of Service: | Not reported | | |
| Date of Tank Sale or Transfer: | Not reported | | |
| Tank Closure Number: | Not reported | | |
| Tank ISRA Number: | Not reported | | |
| Tank in Wellhead Protection Area: | Not reported | | |
| Is Facility in Compliance Rules: | 0 | | |

JOHNSON MATTHEY
456 DEVON PARK DR OW9704 - 13
WAYNE PA, NJ 08103

RCRIS-SQG 1001027826
FINDS NJR000004325

RCRIS:

Owner: UNKNOWN
(201) 555-1212

Contact: KEN HOFFMAN
(610) 341-8299

Record Date: 05/26/1995

Classification: Not reported

Used Oil Recyc: No

Violation Status: No violations found